LETTER OF RECOMMENDATION

FOR THE APPLICANT					
Please fill in the information below and give	e this form, and a	stamped envelop	oe addressed to South	nern California Un	iversity SOMA, to you
reference. Recommendation Forms must be	mailed separately	from the student	's application.		
Applicant Name					
Last Name (Family Name)	Fi	rst	Middle (Maiden)	Prefe	rred name
Applicant Address					
TO THE PERSON COMPLETING THIS RECOMN	MENDATION:				
Southern California University SOMA appreci	ates the candid ev	aluation of applic	cants and finds them h	elpful in the admi	ssions process. We are
primarily interested in whatever you think is	important about	the applicant's a	cademic and persona	qualifications for	the Master's Program
Please submit your letter promptly. Please of	do not photocopy	this recommenda	ation form. We thank	you for taking the	time to complete thi
letter.					
Name					
Name of School/Institution/Business					
Address					
How long have you known the applicant?					
In what capacity have you known the applica	nt?				
QUALIFICATIONS					
In comparison with other students, this appli	cant is:				
	Excellent	Good	Average	Fair	Poor
Responsibility and Reliability					
Leadership Intelligence					
Achievement					
Cooperation and Teamwork					
Emotional Stability					
Financial Responsibility					

Date:

Signature: