

HOUGHTON COLLEGE PROGRAM FOR ACCELERATING COLLEGE EDUCATION

P. A.C.E. APPLICANT: Give this form to the individual providing your recommendation. He/She cannot be related to you.

Last	First	Middle Initial
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TO APPLICANT: Please print your name on the line above and give this form to the individual giving you a reference. Please provide the recommender with a stamped envelope addressed to **Houghton P. A.C.E., 810 Union Road, West Seneca, NY 14224.**

REFERRING INDIVIDUAL (*non-family member*): When complete, mail this directly to Houghton P. A.C.E. at the above address.

TO THE PERSON COMPLETING THIS RECOMMENDATION: The person above is applying for admission to Houghton College's Program for Accelerating College Education (P. A.C.E.). P. A.C.E. enables adults to complete a Bachelor of Science degree in Management in approximately 17 months by taking just one course at a time and attending class one evening per week. Please evaluate the applicant's academic, work and/or personal potential by completing this form and returning it to the P. A.C.E. office at the above address. Please do not delay as we must receive this evaluation before the applicant can be admitted. We thank you for your time.

1. How well do you know the applicant? Very Well Well Casually
2. How long have you known the applicant? _____
3. In what capacity have you known the applicant? _____
4. Would you recommend the applicant for admission to this program?
 Highly recommended Recommended Recommended with reservation Not recommended

5. Please rate the applicant in the following areas by checking the appropriate box below.

FOR:	Exceptional	Above Average	Average	Below Average	Unsatisfactory	No Basis for Judgment
Desire to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to speak clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to learn independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to manage time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to write clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use a separate page to comment on the above recommendation or to add any additional information you believe would provide insight as we consider this individual for admission to Houghton College.

NAME (print)	Day Phone	
Organization/Company & Position (for professional references)		
Address		
City	State	Zip
Your Signature	Date	