

**CONFIDENTIAL LETTER OF RECOMMENDATION FORM**

**Center for Innovation & Entrepreneurship  
Leavey School of Business  
Santa Clara University**

Name of applicant \_\_\_\_\_  
Family First Middle

U.S. Social Security number \_\_\_\_\_

Expected date of enrollment  Fall Year 20 \_\_\_\_\_

Name of recommender \_\_\_\_\_

**TO THE APPLICANT**

1. Please complete the information above.
2. Please type or print your name clearly on the front of an envelope of your choosing. Provide the envelope, along with this form, to the individual you have asked to provide a recommendation as part of your evaluation.
3. Read the statement below and sign it where indicated prior to giving to recommender.

I understand that this recommendation will be used for admissions purposes only; it will not be made part of my educational record and no reference will be made to it for educational purposes after a decision is final on my admissibility. Therefore, this recommendation is not subject to the provisions of the Family Educational Rights and Privacy Act of 1974. I will not have access to this recommendation under that law.

\_\_\_\_\_  
Signature of Applicant Date

**TO THE RECOMMENDER**

The person whose name appears above is applying for admission to the Certificate in Technology Entrepreneurship Program at Santa Clara University. Your recommendation will be included as part of the information on which our Admissions Committee will base its decision. Your assistance to the Admissions Committee by providing detailed and candid responses to the questions below will be very helpful. The information you provide will remain confidential and will not be disclosed to the applicant.

1. How long have you known the applicant and in what capacity? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What characteristics do you consider to be the talents and strengths of the applicant?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What characteristics do you consider to be areas for future growth? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe the candidate's ability to communicate his/her ideas to others.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please rate the applicant on each of the abilities/traits listed below in relationship to other:

employees  graduate students (Mark "X" in the appropriate column opposite each trait.)

<b>ABILITIES/TRAITS</b>	Exceptional Upper 1%	Outstanding Upper 10%	Good Upper 30%	Satisfactory Middle 30%	Needs Improvement Lower 20%	No Information
Analytical/quantitative ability						
Leadership potential						
Maturity						
Responsibility						
Motivation						
Perseverance						
Ability to work with others						
Ability to work independently						
Writing skills						
Problem-solving skills						
Self-confidence						
Potential for success in the program						
Potential for success in business						

6. Please use the space below (and additional sheets if necessary) to provide any additional comments which you believe would be helpful to the Admissions Committee in assessing the candidate's application for the CTE Program.

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7. Do you recommend this applicant? (check one)

Highly recommend  Recommend  Recommend (with reservation)  Do not recommend

Briefly explain why. \_\_\_\_\_

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\_\_\_\_\_  
Name of recommender (print or type)      Position or title

\_\_\_\_\_  
School or firm

\_\_\_\_\_  
Street address      City/State/ZIP

\_\_\_\_\_  
Signature of recommender      Telephone number

**INSTRUCTIONS FOR RETURNING RECOMMENDATIONS**

Please enclose this form in the envelope the applicant has provided to you. Seal the envelope and write your signature across the seal of the envelope flap. Return the envelope to the applicant. As part of the self-managed application procedure, we ask applicants to complete all materials pertaining to their applications and mail them to us in one large envelope. Thank you for your cooperation and thoughtful recommendation.