Paralegal Program
Recommendation Form

TO BE COMPLETED BY APPLICANT:

Name (Printed): _____

Please choose one of the options below. If neither is checked, the form will be assumed not confidential.

☐ The contents of this statement are to remain CONFIDENTIAL. I waive my right to review this recommendation.

☐ The contents of this statement are NOT CONFIDENTIAL. I reserve the right to review this recommendation.

Applicant's Signature: _____ Date: _____

TO BE COMPLETED BY RECOMMENDER:

We appreciate your answering the questions below in a specific, detailed and candid manner, noting in particular, incidents which illustrate the candidate's maturity, intellectual capacity and initiative.

1. Under what circumstances and for how long have you known the applicant?

2. What do you consider the applicant's most outstanding talents or characteristics?

3. What skills do you hope the applicant will gain or improve through this program?

Continued on page 2

4. Please rate the applicant on the following:

	Excellent	Very Good	Satisfactory	Fair	Poor	Not Applicable/ No knowledge
Initiative:						
Responsibility:						
Attention to detail:						
Writing Ability:						
Ability to work with others:						
Ability to work independently:						

5. Select One:

☐ I strongly recommend that this applicant be admitted to USD's Paralegal Program.

☐ I recommend that this applicant be admitted to USD's Paralegal Program.

☐ I recommend with some reservations that this applicant be admitted to USD's Paralegal Program.

☐ I do not recommend that this applicant be admitted to USD's Paralegal Program.

6. Additional Comments:

Signature: _____ **Date:** _____

Name (Printed): _____

Company/College/Law Firm: _____

Title: _____

Address: _____

Phone: _____ **Email:** _____

Please email form to paralegal@sandiego.edu or mail to:

Paralegal Program
University of San Diego
5998 Alcala Park, Barcelona 204
San Diego, CA 92110-2492

Ph: (619) 260-4579
Fax: (619) 260-2252
(faxed forms are also accepted)