



**This form is provided for use in lieu of a letter of recommendation.
 Three (3) completed recommendation forms are required for academic admission.**

Applicant is to complete Section I and forward copies to chosen references for completion of Section II.

SECTION I - TO BE COMPLETED BY APPLICANT

- M.S. CLINICAL NUTRITION**
- M.S. SPORT HEALTH SCIENCE** (please select area of concentration)
- Chiropractic Sport Science Sport Coaching Nutrition and Sport Science
 - Exercise and Sport Science Sport Injury Management Undecided

INTENDED ENROLLMENT _____ quarter _____ year

FULL LEGAL NAME _____ last _____ first _____ m.i.

PRESENT MAILING ADDRESS _____ street address _____ city _____ county _____ state _____ ZIP code

TELEPHONE NUMBERS: _____ home _____ work _____ cell

INSTITUTION GRANTING UNDERGRADUATE DEGREE _____

I DO I DO NOT waive my right under the Family Education Rights and Privacy Act of 1974 to review my recommendations.

signature of applicant _____ date

SECTION II - TO BE COMPLETED BY WRITER OF RECOMMENDATION

Please give a frank opinion and rate the above applicant on the following characteristics.

	EXCELLENT	GOOD	FAIR	POOR	N/A
Scholarship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you recommend the applicant for admission to graduate study at Life University? YES NO

SECTION II (CONTINUED) - TO BE COMPLETED BY WRITER OF RECOMMENDATION

HOW LONG AND WELL HAVE YOU KNOWN THE APPLICANT? _____

NAME OF PERSON RECOMMENDING APPLICANT: _____

SCHOOL/COMPANY: _____

ADDRESS _____
street address city state ZIP code

signature date

ADDITIONAL COMMENTS: _____

PLEASE RETURN FORM TO:



Life University
 Office of Enrollment
 1269 Barclay Circle SE
 Marietta, GA 30060 USA
 (770) 425-2884 ■ (800) 543-3202
 Admissions@LIFE.edu
 www.LIFE.edu

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