



**Columbia College Hollywood**  
*Advancing the Liberal Arts of Film and Television*

# Recommendation

Confidential Recommendation Form

**SECTION 1** *(To be completed by applicant. Please Print)*

**Applicant's Name**

Last four Digits of Social Security:

\_\_\_\_\_  
 Last Name First Middle

Intended Program of Study:

- Bachelor of Fine Arts – Cinema
- Bachelor of Fine Arts – Cinema / Television
- Associate of Fine Arts – Cinema / Television

Term Beginning:    Fall (Sept)    Winter (Jan)    Spring (April)    *Fall Jump Start* (July)    T.B.D

                                                                                      

**SECTION 2** *(To be completed by Recommender. Please Print)*

The person whose name appears above is applying for admission to Columbia College Hollywood. This form is provided for your use in evaluating the applicant. You may use this form, or you may evaluate the applicant on a separate sheet of paper using your own letterhead. If you use this form and wish to provide additional comments about the applicant's qualifications, you may do so at the end of Section 3.

**Recommender's Name**

\_\_\_\_\_  
 Last Name First

\_\_\_\_\_  
 Occupation Phone

How long have you known the applicant? \_\_\_ Years \_\_\_ Months

How well do you feel you know the applicant?

- Very Well                       Well                       Acquaintance

In what capacity have you known the applicant?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION 3

Please assess the applicant based on the following Abilities and Characteristics.

		Exceptional	Superior	Above Average	Average	Below Average	Unable to Judge
Integrity							
Communication Skills	Oral						
	Written						
Interpersonal Skills							
Originality and Creativity							
Appreciation Of The Arts							
Ability To Work With Others							
Breadth Of General Knowledge							
Intellectual Ability							
Ability To Analyze Problems And Formulate Solutions							
Ability To Grasp New Concepts							
Emotional Stability							
Motivation For Proposed Program Of Study							

**ADDITIONAL COMMENTS:**

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## SECTION 4

Please indicate the strength of your overall recommendation:

- Recommend Most Highly   
  Recommend   
  Recommend with Reservations   
  Do Not Recommend

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your assistance in assessing the qualification of the applicant. Please return the completed recommendation to the following address and be sure the return envelope is sealed, with your signature across the seal.

Columbia College Hollywood  
 Attn: Admissions Department  
 18618 Oxnard Street  
 Tarzana, CA. 91356  
 www.columbiacollege.edu