

# BEULAH HEIGHTS UNIVERSITY

Admissions Office • P. O. Box 18145, 892 Berne St SE • Atlanta, GA, 30316 • (404) 627-2681 x117 • FAX: (404) 627-0702 • www.beulah.edu

## Department Chair Recommendation Form

Name of Candidate: \_\_\_\_\_

Department of Candidate: \_\_\_\_\_

This recommendation form should be completed by the candidate's department chair who is familiar with the candidate and can provide a detailed, firsthand appraisal. The candidate's application will not be reviewed without the Professor's recommendation.

Before submitting the application materials to the scholarship committee chairperson, the department head must review and sign the Professor's recommendation of the candidate for the program (this is not necessary if the Professor is the department head).

Once the Professor has signed the recommendation form, s/he may return the form directly to the scholarship committee chairperson with the candidate's completed application materials or return the packet to the candidate for submission to the scholarship committee chairperson.

This form is requirement. The candidate will have access to information submitted on this recommendation.

1. Do you recommend this candidate for a scholarship to the \_\_\_\_\_ Program?  
 Yes – Please add comments below that you believe should be considered when reviewing this application.  
 No – Please indicate below why you do not recommend this candidate.

Comments:

2. Indicate specific reasons why you are recommending the candidate for this scholarship.

3. What personal and professional objectives do you hope the candidate will achieve by receiving a scholarship to this program?

4. Is the candidate currently exceeding performance expectations?

Yes

No – Please explain

To the best of my knowledge, all the information and accompanying material provided in connection with this recommendation form is accurate.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_