

# Readmission Request

## Recommendation Form



Your Name		Date
Preferred Contact	Cell #:	Email address
Student Name		Number of years you have known the student

### 1) Relationship to student (check)

<input type="checkbox"/>	VU Faculty	<input type="checkbox"/>	VU staff	<input type="checkbox"/>	Current Employer	<input type="checkbox"/>	Previous Employer
<input type="checkbox"/>	Other, explain						

### 2) Please rate the performance of the student: 1 = Needs improvement ---- 6 = Excellent

For responses rated a 1 or 2, please provide comments. If not known respond NK

Activity	Rate	Comment
Regularly attended school/work		
On time to class/work		
Respects school/work environment		
Shows positive attitude in class or at work		
Gets along well with others		
Shows ability to make and keep commitments		
Accepts responsibility		
Demonstrates initiative		

### 3) Indicate if the following areas are strengths (S), weaknesses (W), or not known (NK)

<input type="checkbox"/>	Time management	<input type="checkbox"/>	Interpersonal skills
<input type="checkbox"/>	Organizational skills	<input type="checkbox"/>	Communication skills
<input type="checkbox"/>	Leadership skills	<input type="checkbox"/>	Job-related skills
Additional Comments:			

### 4) If allowed to return to Vincennes University, why do you believe this student will be successful?

**Instructions:** Be sure to save this file to a folder on your own computer. Change the file name ("save as") so that it is personalized with your name, "last name, first name." When you are finished completing the request, attach it as a PDF file to an email and send it to: [deanofstudents@vinu.edu](mailto:deanofstudents@vinu.edu)

If you experience difficulties in emailing this request a printed copy may be faxed to 812-888-2126 or call 812-888-4241 with questions.