

LETTER OF RECOMMENDATION

Date: ___/___/___
MM / DD / YY

PART I: To be completed by the applicant

Name of Applicant: _____

Last Name

First Name

Middle Name

Date of Birth: ___/___/___
MM / DD / YYYY

Sex: Male:
Female:

Proposed Program: _____ Major: _____

I waive the right of access to this recommendation

I do not waive my right to access to this recommendation

Signature of Applicant (Optional)

Date: ___/___/___
MM / DD / YYYY

PART II: To be completed by the recommender and returned to the student.

The person named above is applying for admission to ___ Degree Program ___ Non Degree program and has furnished your name as reference. We would appreciate your evaluation of the applicant on this form.

1: I have known the applicant ___ years as his/her

Undergraduate teacher Graduate teacher Program/Reserach Advisor

Other (please specify) _____

2. I believe the applicant will ___ will not ___ successfully complete the degree ___ with distinction ___ without dintinction.

3. Please compare the applicants academic ability to that of other students from your institution with the same major

Truly Exceptional Outstanding Well above average Average
 Below average Inadequate opportunity to observe

4. Of similar applicants for advance work you have known, how does this applicant rank on 1-10 scale (10 highest and 5 average and 1 Lowest)

5. What has been individual's greatest achievement ____ Academic; ____ Personal; ____ Community.

6. Please provide additional comment on an additional sheet that you deem relevant regarding the applicant. (if necessary)

NAME OF RECOMMENDER (LAST NAME)

FIRST NAME

MIDDLE NAME

ADDRESS

TELEPHONE

E-MAIL ADDRESS

SIGNATURE OF RECOMMENDER

POSITION

INSTITUTION