

RECOMMENDATION FOR GRADUATE STUDY

To be filled out by applicant:

Applicant Name: _____ Date of Birth _____

Under the federal Family Education Rights and Privacy Act of 1974, students are entitled to review their records. It is your option to waive or retain your right to access this recommendation. ***In order to accept this recommendation, you must check the appropriate box, sign and date the form.***

I waive my right

I retain my right

Applicant Signature

date

To be filled out by recommender:

Please complete this form and attach a letter of recommendation. Letters of recommendation must be signed and whenever possible should be composed on letterhead. To maintain confidentiality, please sign across seal of the envelope, and return it to the applicant. **LETTERS WITHOUT SIGNATURE ACROSS ENVELOPE SEAL WILL BE CONSIDERED IN-VALID.**

In your letter of recommendation please assess the applicant’s potential as a graduate student. In writing your assessment please consider the applicant with regards to the following characteristics: **ability to handle the rigors of graduate study; writing skills; capacity for analytical thought; ability to work with others; ability to synthesize various theories and apply them to real-world challenges; ability to work independently; commitment and interest in the field; maturity level; organization; self motivation; and potential for being an effective practitioner.**

	Excellent	Good	Fair	Poor	Unable to Judge
Academic performance					
Commitment and interest in the field					
Intellectual capacity					
Research ability					
Writing ability					
Self motivated and able to work independently					
Organized					
In which areas does application need improvement?					

How long have you know the Applicant? _____ In what capacity? _____

Signature _____ Date _____

Please print clearly below:

Name _____ Position _____

Address _____

Email _____ Phone (w) _____ (h) _____