



Applicant must complete and sign the following statement. This request is in compliance with the Family Education Rights and Privacy Act of 1974.

( ) I waive my right to view this letter of recommendation in my file. ( ) I do not waive my right to view this letter of recommendation in my file.

Signature

Date

NAME OF APPLICANT \_\_\_\_\_

Address \_\_\_\_\_

Degree Sought \_\_\_\_\_ Specialization \_\_\_\_\_

How well do you know the applicant? ( ) Very Well ( ) Fairly Well ( ) Slightly

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

In what capacity have you been associated with the applicant? \_\_\_\_\_

Please rate the applicant on each of the following characteristics. Indicate any additional comment which would be of assistance in evaluating the applicant's potential.

SCHOLASTIC ABILITY	Excellent	Very Good	Good	Unsatisfactory	No chance to observe
Oral Expression					
Written Expression					
Intellectual Curiosity					
Ability to Integrate Information					
Ability to Work Independently					
PERSONAL CHARACTERISTICS					
Adaptable					
Dependable					
Self-confident					
Responsible					
Tolerant					
Cooperative					

My recommendation is:

( ) Strong and without reservation ( ) With confidence ( ) With reservation ( ) I do not recommend

Please type/print your:

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

POSITION \_\_\_\_\_

INSTITUTION \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_

Additional Comment: (Use reverse side)