

LETTER OF RECOMMENDATION FOR GRADUATE STUDY

To be completed by the applicant:

Applicant's Name: _____ Application Number/PeopleSoft ID: _____

Applicant statement: I ☐ waive ☐ do not waive my right to review reference materials once they have been included in my application for admission.

Applicant Signature: _____ Date: _____

To be completed by the evaluator:

1. How long have you known the applicant: _____
2. What is (or has been) the nature of your relationship? (College instructor, principal, or supervisor of area in which the applicant has worked, etc...) Please describe briefly.

3. Please evaluate the applicant in each of the following areas:

	Excellent	Above Average	Average	Below Average	Poor	Unable to Evaluate
Intellectual capacity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to accept constructive feedback:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational skills:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please indicate your overall recommendation for this applicant:

- ☐ Highly recommend
☐ Recommend
☐ Recommend with reservations
☐ Not recommended

We appreciate your promptness and cooperation in completing this letter of recommendation. If you would like to make additional comments concerning the applicant's strengths and weaknesses relative to the preceding questions, please attach an additional page or use the back of this form.

Signature of evaluator: _____

Evaluator's printed name: _____ Date: _____

Profession or Occupation: _____

Address: _____ City/State/Zip: _____

E-mail Address: _____ Phone: _____