**RECOMMENDATION FOR GRADUATE PROGRAM**

**SECTION I (to be completed by applicant):**

Applicant’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applying for the \_\_\_\_\_\_\_\_\_\_\_\_\_(degree) in the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ department/program.

Applicant’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION II (to be completed by evaluator):**

Name of evaluator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you known the applicant?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ In what capacity?\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please evaluate the applicant on each of the characteristics listed below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Characteristic** | **Very good** | **Good** | **Average** | **Poor** | **Unable to Judge** |
| Creativity |  |  |  |  |  |
| Intellectual Ability |  |  |  |  |  |
| Maturity/Emotional Stability |  |  |  |  |  |
| Sensitivity to People and Issues |  |  |  |  |  |
| Initiative |  |  |  |  |  |
| Leadership Potential |  |  |  |  |  |
| Writing Ability |  |  |  |  |  |
| Skill in Oral Expression |  |  |  |  |  |
| Acceptance of Constructive Feedback |  |  |  |  |  |
| Overall Potential for Graduate Study |  |  |  |  |  |

**Please specify if you have any comments:**

**Summary Evaluation:**

 I strongly recommend this applicant for admission and believe that s/he has the capability to perform at a superior level.

 I recommend this applicant for admission and believe her/his performance will be comparable to that of most graduate students.

 I believe that this applicant’s qualifications are marginal, but s/he has potential and would benefit from study in your program.

 I do not recommend this applicant for admission to your graduate program.

Evaluator’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete the following contact information by typing or printing legibly:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_