



This recommendation is:

- Academic
 Professional

RECOMMENDATION FORM

To Be Completed by the Applicant

Form fields for applicant information: First Name, Last Name, Middle, Date of Request, Street Address, City, State, Zip, Program Applied For, Name of Reference

Please note: You may elect to maintain an open file, which permits you to inspect our correspondence from the person named above. If you wish to waive your access to such correspondence, you may do so by signing here before handing this form to the above-named reference.

Signature

To Be Completed by the Referring

Form fields for referring party: Name, Job Title, Organization, How long have you known the applicant?, In what capacity?, checkboxes for Student, Friend, Employee, Other

Please complete the following section as it applies to your knowledge of the applicant.

ACADEMIC REFERENCE

Please compare the applicant to other students you have known.

Academic Preparation, Graduate Study Potential with rating checkboxes: Outstanding, Excellent, Above Avg., Average, Below Avg., No Knowledge

PROFESSIONAL REFERENCE

Please compare the applicant to other persons with whom you have worked.

Rating checkboxes: Outstanding, Excellent, Above Avg., Average, Below Avg., No Knowledge

Form continued on back page.

