## The Graduate School

1501 W. Bradley Ave. Peoria, IL 61625



Phone 309-677-2375 Fax 309-677-3343

E-mail bugrad2@bradley.edu Website www.bradley.edu/grad

## **Confidential Letter of Recommendation**

**Directions for the applicant:** Please print the information in the box below, sign the waiver statement, and forward this form to the individual making the recommendation.

<del></del> )						-
Name	Sec. 1900	ANNESS (2.75				ry (Check One)
Family/Last G	Given/First Middle/Other Maiden				Fall Semester 20 January Interim 20	
					Spring Sem	
Mailing Address					May Interim I (3 weeks) 20	
City	State Country Zip					n II (8 weeks) 20
(include area code)	Work Phone May Interim II (8 weeks) 20  (include area code) Summer Session I 20					
E-mail address	Date of Birth Summer Session II 20					
			(	(mm/dd/yy)		
Country of Birth		Country o	f Citizenship			
Male Female		Graduate pro	ogram applied for_			
Optional Waiver of Rights under the Fa						
I hereby waive \( \square \text{do not waive} \( \square \text{n} \)						
confidential recommendation is to be u	sed only in cons	sideration for a	dmission to the	Graduate Scho	ol at Bradley	University.
Applicant's Signature Date						
Applicants signature Date						-
Directions for the recommenders T	ha narsan whas	nama annaar	abovo is apply	ing to Dradley I	Iniversitula C	
<b>Directions for the recommender:</b> The person whose name appears above is applying to Bradley University's Graduate School. Your recommendation will be included as part of the information upon which we will base our decision for admission.						
Please give your appraisal of the appl						
recommendation to The Graduate Scl						
	I = 20/	31 + 120/	37 . 100/	N 250/		1
Abilities and Traits	Top 2% Unusually	Next 13% Superior	Next 10% Good	Next 25% Average	Poor	No Information
Tronities and Traits	Outstanding	Superior	Good	Tiverage	1 001	Information
Creativity						
T						
Sense of responsibility						
Motivation						
Perseverance/Ability to		7		-		
complete projects					1	
Ability to work effectively					2	<del>                                     </del>
with others						
Ability to work independently					$\Box$	
Written communication skills						
Oral communication skills		П	П			
Problem-solving skills						
(Ability to formulate logical						
solutions to problems)						
		k.		li.		L
Do you recommend this applicant?						
☐ Highly recommend ☐ Recommend ☐ Recommend ☐ Do not recommend						
Turn Page						
_						

1. How long and in what capacity have you known the applicant?						
2						
2. What characteristics do you consider to be the most significant talents and strengths of the applicant?						
3. What characteristics of the applicant need some improvement?						
4. If the applicant's native language is not English, please tell us how well the applicant speaks and understands English.						
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5. How will a graduate degree benefit this applicant?						
Please provide any additional comments about the applicant.						
provide any additional comments accounted approximate						
Recommender's Information: Name:	Position/Title:					
Name:	Position/Title;					
Institution/Company:						
Address: Street City State						
E-mail address:						
	—- xx					
Recommender's Signature	Date					
Please return this form to The Gradus Thank you for your	ate School (see logo above for address)					