

LETTER OF RECOMMENDATION

**The Graduate School
Arkansas Tech University
Russellville, AR 72801**

Applicant's Name _____ Soc. Sec. No. _____
(Last) (First) (Middle)

Applicant for admission for a _____ degree in _____
(M.A. or M.S.) (Department or Program of Study)

To the Recommender:

The person whose name appears above has applied for admission to the Graduate School at Arkansas Tech University. Please give your opinion of the applicant's ability to successfully complete a program of graduate study. The information you give will not be released to unauthorized personnel; however, in accordance with federal law, the information may be released to the applicant upon his/her request if and when the person is in fact admitted to graduate study. This form should not be returned to the applicant but should be mailed directly to the Graduate School.

For how many years have you known the applicant? _____

In what capacity have you known the applicant? _____ (former teacher, employer, etc.)

Please indicate in the scale at the right your opinion of the following characteristics of the applicant:

Scholarship - as reflected in the quality of work

Intelligence - as distinguished from acquired abilities

Integrity and Dependability - personal and professional

Human Relations - cooperation, ability to work well with others

Emotional Stability - stable, self-controlled

Leadership - aggressiveness, ability to effectively supervise

Initiative - self-motivation, ability to work well without direct supervision

Superior	Above Average	Average	Below Average	Inferior	Unknown

Please write a statement, in the space provided here, concerning the applicant. Include honors, awards, your impression of the applicant's professionalism, concerns or issues that would prevent or impinge upon the applicant's ability to participate in field work, etc.

Summary of Recommendation

$\frac{3}{4}$ Highly recommended
 $\frac{3}{4}$ Recommended with reservation

$\frac{3}{4}$ Positively recommended
 $\frac{3}{4}$ Not recommended

Signature of recommender _____ Position or Title _____

Printed name of recommender _____ Date _____

Recommender's address _____

(The applicant should supply the recommender with a stamped envelope, addressed to the Graduate School, Arkansas Tech University, Russellville, AR 72801.)