



CLEMENT C. MAXWELL LIBRARY  
BRIDGEWATER STATE UNIVERSITY  
BRIDGEWATER, MASSACHUSETTS 02325  
**LETTER OF RECOMMENDATION**

**TO BE COMPLETED BY THE APPLICANT**

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Telephone Home \_\_\_\_\_ Daytime \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Current Address \_\_\_\_\_  
Number and Street

City State or Country Zip Code

E-mail Address \_\_\_\_\_

Applying to the College of Graduate Studies for admission to a program leading to:

- ☐ Master of \_\_\_\_\_ in \_\_\_\_\_
- ☐ Post-Baccalaureate Teacher Licensure in \_\_\_\_\_
- ☐ Certificate of Advanced Graduate Study (CAGS) in \_\_\_\_\_
- ☐ Post-Master's Licensure in \_\_\_\_\_

Under the provisions of the Family Educational Rights and Privacy Act of 1974, you have the right, if you are admitted to a program at Bridgewater State University, to review your educational records. The Act further provides that you may waive your right to see recommendations for admission. Please check the appropriate box indicating whether or not you wish to waive your right and sign your name.

- ☐ waive ☐ do not waive any right of access to this recommendation

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY THE RESPONDENT**

The person whose name appears above has applied for admission to the College of Graduate Studies. Your evaluation of the applicant will assist the department and the College of Graduate Studies in making a decision.

I. How long have you known the applicant and in what capacity? \_\_\_\_\_

II. In comparison with others you have taught or worked with, please rate the applicant on the factors below using the following scale:

- |                           |                        |                           |
|---------------------------|------------------------|---------------------------|
| 1. Outstanding - Upper 5% | 3. Good - Upper 20%    | 5. Below Average          |
| 2. Very Good - Upper 10%  | 4. Average - Upper 50% | 6. No basis for judgement |

	1	2	3	4	5	6
A. Breadth of general knowledge						
B. Emotional maturity						
C. Initiative						
D. Perseverance						
E. Written communication skills						
F. Oral communication skills						
G. Ability to analyze a problem and formulate a solution						
H. Independence						
I. Potential for success in chosen specialization						

(over)

III. Please provide a general statement indicating the applicant's outstanding strengths and weaknesses and his/her capacity for graduate study. Please add any other information you consider pertinent.

IV. Please check the category below which most accurately describes the applicant's ability to successfully complete the degree program indicated above:

1. \_\_\_\_\_ Highly recommended

3. \_\_\_\_\_ Recommended, but with reservation

2. \_\_\_\_\_ Recommended

4. \_\_\_\_\_ Not recommended

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (*please print*) \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Number and Street

City

State or Country

Zip Code

Daytime Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_

**Return completed letter of recommendation to:**  
BRIDGEWATER STATE UNIVERSITY  
COLLEGE OF GRADUATE STUDIES  
MAXWELL LIBRARY, ROOM 019  
BRIDGEWATER, MA 02325