

OFFICE OF GRADUATE STUDIES
SOUTHERN UNIVERSITY AND A&M COLLEGE
BATON ROUGE, LOUISIANA

LETTER OF RECOMMENDATION

APPLICANT: In order for your application to be processed, you must provide the information requested below before giving this form to the person recommending you. If the recommendation will be submitted on a separate sheet, please attach this form.

REQUEST FOR EVALUATION:

Name of Applicant: Mr. () Mrs. () Ms. ()

Full Name: _____
Last First Middle

Social Security No. _____ Date of Birth: Month _____ Day _____ Year _____

Degree you wish to seek: Ph.D Master's Major you wish to study: _____

Semester you wish to enter: Fall Spring Summer term 20 _____

Waiver of Access: (Optional) By affixing my signature herein I hereby waive my right to gain access to this recommendation and authorize the Graduate School to maintain it in a confidential file.

Signature of Applicant: _____

1. How well do you know the applicant? How long and in what capacity? (Attach a separate sheet if necessary).

2. Give your opinion of the applicant's qualifications to do graduate work in his/her field. (Attach a separate sheet if necessary).

Please complete the following.

| | Exceptional | Above Average | Average | Below Average | No Basis for Judgment |
|-------------------------------------|-------------|---------------|---------|---------------|-----------------------|
| Intellectual Ability | | | | | |
| Writing Ability | | | | | |
| Speaking Ability | | | | | |
| Knowledge of Proposed Area of Study | | | | | |
| Motivation | | | | | |
| Emotional Stability | | | | | |
| Ability to Work Independently | | | | | |
| Ability to work in a group | | | | | |
| Research Potential | | | | | |
| Teaching Ability | | | | | |

| | Doctoral Program | Master's Program | Other (Please specify) |
|---|------------------|------------------|------------------------|
| I would strongly recommend for | | | |
| I would recommend for | | | |
| I would recommend with reservations for | | | |
| I would not recommend for | | | |

Indicate applicant's promise for success in a graduate program. () outstanding () above average () average () poor

SIGNATURE _____ DATE _____ INSTITUTION _____
NAME (please print or type) _____ TITLE _____ ADDRESS _____