

BUENA VISTA UNIVERSITY

Master of Science in Education

610 West Fourth Street • Storm Lake, Iowa 50588

Phone: 712-749-2162 • E-mail: grad@bvu.edu

Graduate Program Recommendation Form

INSTRUCTIONS TO THE APPLICANT: Please complete the top section of each form before giving to a person acquainted with your education and abilities.

Applicant's Name: _____

Address: _____

City, State, ZIP: _____

(Optional) I hereby waive my rights of access to this confidential recommendation as provided in the Educational Rights and Privacy Act of 1974.

Signature: _____ Date: _____

INSTRUCTIONS TO THE EVALUATOR: Please complete the remainder of the form and return it to:

Buena Vista University
Graduate Program Office
610 West Fourth Street
Storm Lake, Iowa 50588

How long have you known the applicant? _____

In what capacity did/do you know the applicant? _____

Please rate the applicant as follows:

Characteristics	Below Average	Average	Above Average	Outstanding	Insufficient Knowledge for Rating
Ability to Pursue Graduate Study					
Ability to Study Independently					
Capacity for Clear Oral Expression					
Capacity to Write Clearly					
Intellectual Curiosity					
Initiative/Industry					
Dependability					
Maturity					

What is your evaluation of the applicant's past academic achievement, present motivation and future potential for graduate study and professional work?

What personal characteristics do you believe will have a positive or negative impact on the applicant's performance in both the graduate program and future professional work?

Among approximately (number) _____ of students I have known in comparable fields, I would rank this student in the upper _____ percent.

The group to which I am making this comparison (i.e., undergraduates at your institution): _____

Name: _____

Title: _____

Institution: _____

City/State/ZIP: _____

Signature: _____ Date: _____

Please return this recommendation form to:

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