



WESTERN STATE
COLORADO UNIVERSITY

GRADUATE STUDIES

Graduate School
Letter of Recommendation

TO THE APPLICANT: Two to three letters of recommendation (department dependent) are required for your admission into the Graduate School. Each form should be given to the individual who is most familiar with your academic record and who is able to comment on your qualifications for graduate study. The completed letters must be sent to you and must remain sealed. Include them in your application packet. Please type or print legibly the following information before you deliver this form to your reference.

Applicant Name _____ Phone (____) _____

Please check only **one** of the programs to which you are applying:

<input type="checkbox"/>	Master of Arts in Education, Teacher Leadership
<input type="checkbox"/>	Master of Arts in Education, Reading Leadership
<input type="checkbox"/>	Master of Arts in Education, Educational Administrator Leadership
<input type="checkbox"/>	Master of Fine Arts in Creative Writing, Popular Genre Fiction/Non-Fiction
<input type="checkbox"/>	Master of Fine Arts in Creative Writing, Poetry with an Emphasis in Formal Verse
<input type="checkbox"/>	Master of Fine Arts in Creative Writing, Screenwriting
<input type="checkbox"/>	Master of Fine Arts in Creative Writing, Publishing Certificate

In accordance with the Family Educational Rights and Privacy Act you may waive your right to inspect this recommendation by signing the statement below. Should you decide to not waive the right, you will have access to this recommendation only if you are admitted and enrolled at the Graduate School at Western State Colorado University.

I choose to waive my right of access _____
Applicant Signature Date

I choose to not waive my right of access _____
Applicant Signature Date

TO THE ACADEMIC REFERENCE: The Graduate School would appreciate a frank judgment from you concerning the applicant's qualifications for graduate study. **Please mail this form in a separate sealed envelope to the applicant.**

Number of years you have known the candidate ____ In what capacity did you know the candidate?
____ Faculty ____ Advisor ____ Administrator ____ Peer-student ____ Peer-professional
Other (please specify) _____

Please apply the rating scale listed below to evaluate the student's ability to function in a graduate program based on the items A through J:

- Low**, would not function at a graduate level.
- Below average**, doubtful graduate ability.
- Average**, may be able to function at a graduate level, but may need special help.
- Above average** abilities, could function at a graduate level if he/she applied himself/herself appropriately.
- Excellent**, no question as to ability.
- Not applicable** if you do not have the information to make a judgment.

A. Critical thinking (ability to comprehend and make logical deductions from written and oral material)	Low	Average	Excellent	NA
	1	2 3	4 5	6

B. Reading ability	1	2	3	4	5	6
C. Language usage-oral	1	2	3	4	5	6
D. Language usage-written	1	2	3	4	5	6
E. Research skills	1	2	3	4	5	6
F. Interpersonal skills	1	2	3	4	5	6
G. Ability to benefit from criticism	1	2	3	4	5	6
H. Academic achievement	1	2	3	4	5	6
I. Dependability	1	2	3	4	5	6

We would appreciate your comments on the candidate's motivations, abilities, and outstanding talents in the space below. In addition, do not hesitate to inform us of any weaknesses in the applicant which would significantly impair his or her performance in Graduate School.

Already received

Check only one:

- I recommend without reservation
- I recommend
- I recommend with reservation
- I do not recommend

Reference Signature _____ Date _____

Position/Title _____ Institution _____

Address _____ Phone _(_____) _____
 City State Zip