

# Request For Recommendation

If you wish to write a letter in place of, or in addition to this form, **please submit two copies of the letter.** Please type or write firmly. By federal law, we cannot guarantee confidentiality.

**Applicant:** Please complete the first section of this form and send it directly to your references.

Name of applicant: \_\_\_\_\_ Social Security Number \_\_\_\_\_ Voluntary \_\_\_\_\_

(Department or School) \_\_\_\_\_ for a  Doctorate  Master's Degree  Certificate  Licensure  
(To be filled in by applicant)

1. How well do you know the applicant?  
 Very well  
 Moderately well  
 Very little (contact too limited to afford opportunity to get to know student)

In what capacity? \_\_\_\_\_

\_\_\_\_\_

2. Using the scale below, how would you rank the applicant in **intellectual ability** in comparison with other students you have taught or employees you have supervised?

| Excellent | Good | Average | Below Average | Low | Unknown |
|-----------|------|---------|---------------|-----|---------|
|           |      |         |               |     |         |

3. Using the scale below, how would you rank the applicant in terms of his/her **motivation to pursue graduate study** in chosen field?

| Excellent | Good | Average | Below Average | Low | Unknown |
|-----------|------|---------|---------------|-----|---------|
|           |      |         |               |     |         |

4. Using the scale below, how would you rank the applicant in terms of his/her **work habits?**

| Excellent | Good | Average | Below Average | Low | Unknown |
|-----------|------|---------|---------------|-----|---------|
|           |      |         |               |     |         |

5. Please list the applicant's strongest characteristics.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

6. Are there any weaknesses?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

7. Remarks (or attach two copies of your letter)

8. How would you rank the applicant in the following characteristics?

**LEADERSHIP**

| Excellent | Good | Average | Below Average | Low | Unknown |
|-----------|------|---------|---------------|-----|---------|
|           |      |         |               |     |         |

**IMAGINATION**

| Excellent | Good | Average | Below Average | Low | Unknown |
|-----------|------|---------|---------------|-----|---------|
|           |      |         |               |     |         |

**INITIATIVE**

| Excellent | Good | Average | Below Average | Low | Unknown |
|-----------|------|---------|---------------|-----|---------|
|           |      |         |               |     |         |

**EMOTIONAL STABILITY**

| Excellent | Good | Average | Below Average | Low | Unknown |
|-----------|------|---------|---------------|-----|---------|
|           |      |         |               |     |         |

**ABILITY TO WORK WITH OTHERS**

| Excellent | Good | Average | Below Average | Low | Unknown |
|-----------|------|---------|---------------|-----|---------|
|           |      |         |               |     |         |

9. For students whose native tongue is not English, please comment on applicant's ability to use the English language.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Institution/Organization: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

**\* The applicant may elect to sign the following disclaimer:**

*I waive my rights to access to this recommendation under the Family Educational Rights and Privacy Act of 1974.*

\_\_\_\_\_  
Applicant's Signature