

Name :

AY ID:



George Mason University Graduate Online Recommendation

To Be Completed by the Applicant **ID:** _____
Name: _____
Application Admission Term: _____
Intended Graduate Program: _____

To Be completed by Recommender **Name:** _____
Position: _____
Email: _____
Address: _____
Home Phone: _____ **Work Phone:** _____

How many months have you known the applicant? _____
In what capacity? _____

Please evaluate the applicant by placing a check in the column that most nearly represents your opinion. If you lack the knowledge to make a definite rating, please check "Inadequate Opportunity to Observe."

Recommendation based on applicant's ability to pursue graduate study (check one):

Strongly recommend Recommend Recommend with reservation Do not recommend

Area of Evaluation	Inadequate Opportunity to Observe	Below Average	Average	Above Average (Upper 25%)	Superior (Top 10%)
Intellectual Ability					
Ability to Communicate					
Self-Reliance/Independence of Thought					
Motivation					
Professional Interest					

Please add any comments that might assist the department in making a judgment about the applicant's admission to graduate school. Or, a document may be attached.