

## Martin Methodist College Graduate Recommendation Form

This form is to be completed by a professor, supervisor or other individual under whom you have studied, taught or worked and who is qualified to comment on your qualifications for graduate study. Please fill in the first section of this form before providing it to the individual who will be completing the form.

Applicant Last Name	First Name	Middle Name
Applicant Address		
Program of Study		
Name of Recommender	Title	Institution or Enterprise

If you are admitted to Martin Methodist College, you have the right, as a student to review your permanent record, including this recommendation form. Some people prefer not to complete recommendation forms unless they can be assured of the confidentiality of their comments. Comments provided on a confidential basis are likely to be more informative and helpful to us in judging important characteristics needed for graduate study. Therefore, the College is affording you the opportunity to waive the right of subsequent access to this recommendation form. Your application for admission will be given full consideration based on all of the information accumulated in your application file including this form, regardless of your decision on waiving your right of future review.

Do you waive your right of subsequent access to this recommendation letter form? \_\_\_\_ Yes \_\_\_\_ No

**To the recommender:** Please rate the applicant with others of the same age and academic level. It is important to the applicant that you give a percentage rating on the grid below as well as a written evaluation. If you are unable to judge in any category, please explain why.

	Lower Third	Middle Third	Upper Third	Top 10%	Not Able To Judge
Competence in his/her chosen field					
Motivation and diligence					
Creativity or research potential					
Intellectual ability and critical thinking					
Emotional maturity					

Please attach to this form a written evaluation of the applicant's suitability as a graduate student, including how long you have known the applicant, and in what capacity.

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Recommender's Signature
Date

**Please mail this form directly to the Graduate Office, Martin Methodist College, 433 West Madison Street, Pulaski, TN 38478.**