



## *Recommendation for Graduate Studies*

Applicant's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Respondent's Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**To the Respondent**

Using the rating scales below, please evaluate the applicant's characteristics by placing a check in the column that most nearly represents your opinion of the applicant.

	Below Average	Average	Good	Superior (Top 10%)	Inadequate Opportunity to Observe
Ability to master academic work					
Oral Communication					
Written communication					
Motivation					
Emotional stability and maturity					
Self-reliance and independence					
Ability to work with others					
Creative or innovative talent					
Teaching potential (evaluate if appropriate)					
Overall evaluation					

**Recommended with:** CONFIDENCE \_\_\_\_\_ RESERVATION \_\_\_\_\_ NOT RECOMMENDED \_\_\_\_\_

In the space below, please write any comments which will assist the committee in making a judgement as to whether the applicant should be admitted to Graduate Studies. Please attach an additional sheet if necessary.

How long have known applicant? \_\_\_\_\_ In what connection? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of Respondent: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN THIS REPORT TO:

**DIRECTOR OF ADMISSIONS  
FAYETTEVILLE STATE UNIVERSITY  
1200 MURCHISON ROAD  
FAYETTEVILLE, NC 28301-4298**