



Recommendation for The Graduate School

Section I (Applicant to complete this section and send form directly to reference respondent)

Applicant's Name _____ Date of Birth: ____/____/____
First Middle Last

In accordance with The Family Education Rights and Privacy Act of 1974, I agree that the recommendation I am requesting will be held in confidence by officials of Fayetteville State University and I waive any right I may have to examine it. Yes ___ No ___

Applicant's Signature: _____ **Date:** _____

Section II (To be completed by the Respondent)

Respondent's Name _____ Title/Position: _____
First Middle Last

Address _____

Institution/Organization _____ Daytime Telephone Number _____

Section III (To be completed by the Respondent)

EVALUATION: Using the rating scales shown 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 (Unknown)
Ability to master academic work					
Oral communication					
Written communication					
Emotional stability and maturity					
Self-reliance and independence					
Ability to work with others					
Creative or innovative talent					
Teaching potential (evaluate if appropriate)					
Leadership potential					
Analytical skills (Problem recognition, structuring, and problem solving)					

RECOMMENDED WITH: CONFIDENCE _____ RESERVATION _____ NOT RECOMMENDED _____

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

How long have you known applicant? _____ In what connection? _____

Signature of Respondent _____ **Date** _____

**Respondent should mail this form directly to: The Graduate School
 Fayetteville State University
 1200 Murchison Road
 Fayetteville, NC 28301-4298**