



Recommendation for Graduate School

Applicant's
Name _____
Banner ID # _____

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 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 _____

PLEASE RETURN THIS REPORT TO:

**GRADUATE SCHOOL ADMISSIONS
FAYETTEVILLE STATE UNIVERSITY
1200 MURCHISON ROAD
FAYETTEVILLE, NC 28301-4252**