



Graduate & Professional Studies (GPS)

Recommendation Form

Please Type or Print in black or blue ink.

APPLICANT: Please complete the following information and deliver this form to the person providing the recommendation.

Name: _____ Phone Number: _____

Address: _____
Number and Street or PO Box City State Zip

I waive the right to review the information included on this recommendation form.

Applicant Signature: _____ Date: _____

AUTHOR OF RECOMMENDATION: Please complete the following information.

In accordance with FEPC policies, the author of reference is asked to refrain from commenting on illegal discriminatory criteria, including the applicant's race, religion, national origin, political affiliations, beliefs, or activities.

1. How long have you known the applicant? _____
2. What is your relationship to the applicant? _____
3. Please provide a brief assessment of the applicant, including strengths, degree of motivation and areas of needed improvement. Use reverse, if needed.

4. Please indicate the answer that best represents your perception of the applicant in the following areas:

	Excellent	Good	Fair	Poor
Critical thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning and organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Projects a professional image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adapts easily to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills in group situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability in oral and written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethics and integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What is your recommendation regarding the ability of this applicant to be successful in a college-level program of study?

Recommend without reservations Recommend with reservations Do not recommend

Signature: _____ Date: _____

Print Name: _____ Employer: _____ Position: _____

Mail to:

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