



## Graduate Admission Recommendation Form

Please complete this form:

All recommendations become the property of Teacher Education University and cannot be returned to the applicant or forwarded to a third party.

Name of applicant: \_\_\_\_\_

The Family Education Privacy Act of 1974 and its amendments guarantee students access to education records concerning them. Students are permitted to waive their right of access to recommendations. Please indicate your wish regarding the recommendation for use by Graduate Admissions at Teacher Education University.

I  waive  do not waive my right to see this recommendation.

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### TO BE COMPLETED BY PERSON MAKING THE RECOMMENDATION:

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

I have known the applicant for: \_\_\_\_\_ Weeks Months Years

My relationship to the applicant: \_\_\_\_\_

### Please compare the applicant with other persons of similar age and status:

	Exceptional	Outstanding	Good	Average	Below Average	No Basis for Judgment
Intellectual Capability						
Oral Expression						
Written Expression						
Task Completion						
Emotional Stability						
Motivation						
Research Skills						
Scholarly Work						

Signature: \_\_\_\_\_ Date: \_\_\_\_\_