

Recommendation Form

(Please Copy this form as needed.)

Instructions to the Applicant:

Please complete the information in Part A and then give this form to the person(s) who will offer a recommendation on your behalf. Also, provide this person with a self-addressed envelope so you may include this recommendation with your application.

Part A – To Be Completed By Applicant

Name:

Last: _____ First: _____ Middle or Maiden: _____

Social Security Number: _____ E-Mail: _____

Current Address:

Street: _____

City: _____ State/Country: _____ ZIP Code: _____

Phone (day): _____ Phone (evening): _____

Proposed Graduate Program: _____ Proposed Degree: _____

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students, however, are entitled to waive their right of access concerning recommendations. The following signed statement is the applicant's wish regarding this recommendation.

- I waive my right to inspect the contents of this recommendation.
- I do not waive my right to inspect the contents of this recommendation.

Applicant's Signature (Mandatory): _____

Personal Assessment



(Please copy this form as needed.)

Part B – to be completed by recommender

Applicant's Name _____

How long have you known the applicant? _____

In what capacity? _____

The person listed in Part A has applied for admission to graduate study at Towson University. We would appreciate your assessment of the applicant's scholarship, personality, character and professional promise. Please fill out the chart below. **In addition, we request that you attach a statement to this form (on your own letterhead) that is an evaluation of the person's strengths, weaknesses and abilities, particularly those qualities that bear on his or her potential for successful graduate study.**

Applicant Rating Chart

Please rate the applicant on the following dimensions in comparison with other students you have known at a similar stage in their careers.

	Outstanding Highest 10%	Very Good Next 20%	Average Mid- 40%	Below Average Lowest 30%	No Basis for Judgment
Motivation for proposed program of study					
Research aptitude					
Intellectual potential					
Ability to analyze problems and formulate solutions					
Ability to work independently					
Communication skills – written					
Communication skills – verbal					
Interpersonal skills					
Imagination/creativity					

Please indicate the strength of your overall endorsement: *(circle one)*

Not recommended Recommended with some reservations Recommended Highly recommended

Recommender Information: *(please print)*

Name: _____

Title: _____ Institution Affiliation: _____

Street Address: _____

City: _____ State/Country: _____ ZIP: _____

Phone: _____ E-Mail: _____

Signature: _____ Date: _____

Recommender: Please return this form to the applicant in a sealed envelope so that the applicant may include your recommendation with the application. Sign your name over the seal.

NOTE: Please check with the candidate you are recommending to determine if any additional narrative letters of recommendation are required.