



RECOMMENDATION FOR GRADUATE STUDIES

PART A: TO BE COMPLETED BY THE APPLICANT (Please Print or Type)

Proposed Program of Graduate Study Proposed Term/Year of Entry: [] Fall [] Winter [] Spring [] Summer 20
Name of Applicant:
The Family Education Rights and Privacy Act of 1974 and its amendments guarantee applicants access to their educational records. Students, however, may waive their right to access concerning recommendations. The following signed statement indicates the applicant's wish with regard to this recommendation.
[] I waive my right to inspect the contents of this reference.
[] I do not waive my right to inspect the contents of this reference.
Signature of Applicant Date

PART B: TO BE COMPLETED BY THE RECOMMENDER

Central Washington University values your candid appraisal of this applicant's ability to carry on advanced study. We are interested in learning about the applicant's scholarship, character, integrity, and professional promise. Below is a rating chart that we ask you to complete. Should you wish to add anything to your assessment, please use the reverse side of this form. If you require additional space, please use a separate sheet. We ask that you include an assessment of strengths and weaknesses and the bases on which you make your judgment. If you prefer, you may write the entire recommendation on your own stationery. Thank you for taking the time to prepare these comments.

SUMMARY EVALUATION

How long have you known this applicant and in what capacity?
How many credit hours has this applicant taken from you?

Table with 7 columns: Assessment Area, Outstanding, Well Above Average, Above Average, Average, Below Average, Unable to Judge. Rows include Competence in applicant's general field, Intellectual ability, Ability to analyze a problem and formulate a solution, Imagination/creativity, Oral communication skills, Written communication skills, Motivation and initiative, Self-discipline, Cooperativeness / ability to get along with others, Integrity, Reliability.

Your overall assessment of the applicant's ability to complete a master's degree program:
[] Highly Recommend [] Recommend Without Reservation [] Recommend With Reservation [] Do Not Recommend

STATEMENT:

Signature of Recommender _____	Date _____
Please Print Name _____	
Your Position _____	Telephone Number () _____
Institution _____	Address _____

PLEASE PLACE THIS RECOMMENDATION IN AN ENVELOPE, SIGN ACROSS THE SEAL, AND RETURN THE FORM DIRECTLY TO THE SCHOOL OF GRADUATE STUDIES AND RESEARCH.