



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 judgement. 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? _____

Please assess the applicant in the following areas. In making your assessment, compare this individual to others you have known with similar experience and education.	Outstanding	Well Above Average	Above Average	Average	Below Average	Unable to Judge
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 THE ENVELOPE PROVIDED BY THE APPLICANT,
SIGN ACROSS THE SEAL OF THE ENVELOPE, AND RETURN THE FORM DIRECTLY TO THE APPLICANT.**

Persons of disability may arrange for printed material in an alternative format by calling the Office of Graduate Studies and Research at 509-963-3103 or (for hearing impaired) TDD-963-2143.