

# LETTER OF RECOMMENDATION

REPORT ON THE ACADEMIC AND PROFESSIONAL ABILITIES OF AN APPLICANT FOR GRADUATE ADMISSIONS

## TO BE COMPLETED BY APPLICANT

Please complete the information below and forward this form to a person (e.g. employer, supervisor, head of department, academic advisor, or one of your professors) who knows you well enough to evaluate your qualities and abilities.

FIRST NAME LAST NAME M.I

PROGRAM OF STUDY

GRADUATE DEGREE PROGRAM:

- ☐ DOCTORAL  
☐ MASTER'S  
☐ CERTIFICATE

RECOMMENDERS NAME

PROGRAM OF STUDY

Under the Federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. It is your option to waive your right to access to these recommendations or to decline to do so.

Please mark the appropriate phrase below, indicating your choice of option, and sign your name:

- ☐ I waive my right to review of this recommendation ☐ I do not waive my right to review of this recommendation

APPLICANT SIGNATURE

DATE

## TO BE COMPLETED BY RECOMMENDATION WRITER

Please complete the information below.

HOW LONG AND IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT?

PLEASE RATE THE APPLICANT COMPARED TO PEERS IN THE FOLLOWING CATEGORIES:

RATING	UPPER 5%	UPPER 10%	UPPER 25%	MIDDLE 50%	LOWER 25%	NOT ABLE TO JUDGE
Intellectual ability						
Imagination and creativity						
Ability to work independently						
Preparation in chosen field						
Motivation and perseverance						
Oral and written communication skills						
Ability or potential for college teaching						

**ADDITIONAL COMMENTS**

Please provide other comments, related to the applicant's potential success in a graduate program, which you believe would be of importance to the graduate admissions committee. If you wish, you may attach a separate letter instead of using the text box below.

PLEASE INDICATE YOUR OVERALL ENDORSEMENT OF THE APPLICANT BY MARKING THE APPROPRIATE BOX BELOW:

- ☐ **HIGHLY RECOMMENDED**  
☐ **RECOMMENDED**  
☐ **RECOMMENDED WITH RESERVATIONS**  
☐ **DO NOT RECOMMEND**

SIGNATURE OF RECOMMENDER

DATE

POSITION

EMAIL

PLEASE EMAIL THE COMPLETED FORM TO [GRADAPPS@KENT.EDU](mailto:GRADAPPS@KENT.EDU)