

LETTER OF RECOMMENDATION

Report on the academic and professional abilities of an applicant for graduate admission.

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.

Name of Applicant: _____

- Entering Doctoral Program
 Entering Master's Program
 Entering Certificate Program

Program of Study: _____

Recommender's Name: _____

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 the recommendation

(Applicant's 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						

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.

ADDITIONAL COMMENTS

Please indicate your overall endorsement of the applicant by marking the appropriate box below:

- Highly Recommended Recommended Recommended with Reservation Not Recommended

(Recommender's Signature)

(Date)

Position _____

Email _____

Please email the completed form to gradapps@kent.edu.

GRADUATE STUDIES • CARTWRIGHT HALL • KENT STATE UNIVERSITY
P.O. BOX 5190 • KENT, OHIO 44242-0001
TOLL FREE: 855-277-6952 • 330-672-2661 • FAX: 330-672-6262
<http://www.kent.edu/graduatestudies> • gradapps@kent.edu