KENT STATE UNIVERSITY
COLLEGE OF EDUCATION, HEALTH, AND HUMAN SERVICES
DIVISION OF GRADUATE STUDIES
CARTWRIGHT HALL 650 HILLTOP DRIVE
KENT, OH 44242-0001

Telephone: 330-672-2661 Email: gradapps@kent.edu Fax: 330-672-6262

REPORT OF THE ACADEMIC AND PROFESSIONAL ABILITIES OF AN APPLICANT FOR ADMISSION TO GRADUATE STUDIES IN
THE COLLEGE OF EDUCATION, HEALTH, AND HUMAN SERVICES

_____Applying for Master’s   _____Applying for Ed.S.   _____Applying for Ph.D.   _____Applying for Au.D.

Program area applied for

Name of Applicant__________________________________________________________

Report requested of__________________________________________________________

(Name and Position)

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 FILLED IN BY PERSON MAKING RECOMMENDATIONS)

Please provide a statement evaluating the person named above as a graduate student in his/her field. (Attach a letter on letterhead if
desired.) Please rate the applicant using the form below.

How long and in what capacity have you known the applicant? ________________________________

<table>
<thead>
<tr>
<th>Intellectual Ability</th>
<th>Upper 5%</th>
<th>Upper 10%</th>
<th>Upper 25%</th>
<th>Middle 50%</th>
<th>Lower 25%</th>
<th>Not Able to Judge</th>
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<tbody>
<tr>
<td>General Educational Background</td>
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<tr>
<td>Imagination and Creativity</td>
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<td>Preparation in Chosen Field</td>
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<td>Interest and Enthusiasm</td>
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<td>Oral and Written Communication Skills</td>
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<td>Interpersonal Relations</td>
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</table>

Please indicate your overall endorsement of the applicant by marking the appropriate box below.
❑ Highly Recommended    ❑ Recommended    ❑ Recommended with Reservation    ❑ Not Recommended

Signed________________________________________ Date_______________________________________

Position________________________________________ Address____________________________________