

Please compare the applicant with others you have known during your professional career.

Please identify the group to which you are comparing the applicant: _____
e.g., other students, employees, colleagues

	<i>Truly Exceptional</i>	<i>Excellent</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>Inadequate opportunity to observe</i>
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge in the chosen field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation and perseverance toward goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To what extent does the applicant demonstrate creativity and independence in thinking? Describe a situation that has demonstrated this. If you have not had an opportunity to observe this, please indicate so.

The admissions committee would appreciate any statement you wish to make concerning the applicant's capacity or weakness for graduate work and potential in the profession.

Please indicate the strength of your overall endorsement by placing an "X" along the scale:

Recommend enthusiastically	Recommend with confidence	Recommend	Recommend with reservation	Not recommend

Recommender's Name (please print) _____ Date _____

Note: You must sign your recommendation by checking 'I Confirm' and entering the date below.

Recommender's Signature _____ I Confirm _____ Date _____

Recommendations may be e-mailed to: lekruieger@stcloudstate.edu

Recommendations may be faxed to: 320.308.5371

Recommendations may be mailed to: School of Graduate Studies
 St. Cloud State University
 121 Administrative Services Bldg.
 720 Fourth Avenue South
 St. Cloud, MN 56301-4498 USA

Thank you for providing this information.