

Recommendation for Admission

School of Graduate Studies

St. Cloud State University

To be completed by the Applicant

- You must provide the information requested in the top boxed section. Print your name and as it appears on your application to insure that this recommendation will be matched to your application file.
- Provide your recommender with a recommendation form and a stamped envelope addressed to SCSU. The person completing your recommendation form is to directly mail or fax the recommendation form to the School of Graduate Studies at SCSU.
- Under the Family Educational Rights and Privacy Act of 1974, students if admitted and enrolled at SCSU have access to their educational records, including letters of recommendation on file unless he/she has waived such access. Such materials upon admission and enrollment are available for review only by the applicant. Third parties may not view the material. The student will not be provided a copy of the recommendation. Its only intent is for the admission decision process.

I chose to waive my right of access. _____
Signature of applicant Date

OR

I chose not to waive my right of access. _____
Signature of applicant Date

Applicant

I Confirm

LAST NAME (please print) FIRST NAME (voluntary for ID purposes only) PREVIOUS NAME

PROPOSED GRADUATE PROGRAM PROPOSED TERM AND YEAR OF ADMISSION

To be completed by the Recommender

- The person whose name appears above is applying to the School of Graduate Studies at St. Cloud State University.
- Under the provisions of the Family Educational Rights and Privacy Act of 1974, this applicant if admitted and enrolled will have access to the information provided unless he/she has waived such access. Please see above.
- Return the recommendation form directly to the School of Graduate Studies by mail, fax, or an e-mail attachment.
- The School of Graduate Studies and the departmental admission committees carefully considers the statements made by recommenders who can evaluate the applicant's performance and personal qualities through direct experience. Please answer the following questions in as specific and candid a manner as possible, particularly noting maturity, goals, direction, and initiative. We gratefully acknowledge your help.

Recommender

Name (please print) Position/Title Business/Organization

Street Address City State/Province Country Zip/Postal Code

Daytime Telephone Daytime E-mail Address

How long have you known the applicant? _____
YEARS MONTHS

Under what circumstances have you known the applicant?

Continues on back

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

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.

*St. Cloud State University values diversity of all kinds, including but not limited to race, religion and ethnicity.
TTY: 1-800-627-3529 St. Cloud State University is an affirmative action/equal opportunity educator and employer.
This material can be made available in an alternative format. Contact the department listed in this publication.
A member of the Minnesota State Colleges and Universities system.*