

Recommendation Form

School of Graduate Studies

St. Cloud State University

- The person whose name appears below is applying to the School of Graduate Studies at St. Cloud State University.

Instructions to the Applicant

- You must provide the information requested in the top boxed section. Print your name and Social Security number as they appear 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 and its only intent is for the admission decision process.

I hereby waive my right of access to the information recorded below.

OR

I do not waive my right of access to the information recorded below.

Signature of applicant

Social Security Number
(voluntary for ID purposes only)

Date

Applicant

LAST NAME (please print)

FIRST NAME

MI

PREVIOUS NAME

PROPOSED GRADUATE PROGRAM

PROPOSED TERM AND YEAR OF ADMISSION

Instructions to the Recommender

- 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 or by fax.
- 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

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 _____

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

or

Recommendations may be faxed to:

320.308.5371

Thank you for providing this information.