

# GRADUATE DEGREES/CERTIFICATES APPLICANT RECOMMENDATION

## TO BE COMPLETED BY APPLICANT

Applicant: \_\_\_\_\_ SSN: \_\_\_\_\_

Name of person recommending applicant: \_\_\_\_\_

The Family Educational Rights and Privacy Act of 1974 as amended by PL 93-380 allows candidates for admission to waive their right of access to confidential recommendations. While we do not require that you waive your right to read this recommendation, we do believe that such a waiver encourages a more candid and useful recommendation. If you agree to waive your right to see this recommendation, please sign the statement below.

**I hereby waive my right of access to this recommendation and any appropriate attachments. This waiver is effective insofar as the recommendation is used solely for the purpose of admission to a graduate degree or certificate program.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## TO BE COMPLETED BY RECOMMENDER

The person whose name appears above is applying for admission to a graduate program at the University of Mary Washington. Your candid assessment of this applicant will greatly assist us in making a decision that is best for both the applicant and the program. We appreciate your time and effort in providing this recommendation.

When you have completed the recommendation, please do the following:

1. Mail, fax, or email the recommendation directly to the University,

*Or*

2. Seal the recommendation in the envelope, sign your name across the flap, and return it to the applicant.

How long have you known the applicant? \_\_\_\_\_

I have known this applicant as an/a:

Undergraduate student     Graduate student     Co-worker     Employee     Other

I have served as the applicant's:

Direct Supervisor     Instructor     Employer     Co-worker     Other



Please give us your appraisal of the applicant in terms of the qualities below. Rate the applicant in comparison to other graduate school applicants, school administrators, or other representative groups you have known.

	Top 5% Exceptional	Top 25% Above Average	Average	Lower 25% Below Average	Not Observed
Integrity					
Motivation for graduate work					
Ability to work independently					
Ability to work with others					
Written communication skills					
Oral communication skills					
Leadership potential					
Teaching performance					
Professional commitment					
Ability to solve problems					
Organizational skills					
Judgement					
Ability to motivate self and others					
Intellectual ability					

What do you consider to be the applicant's particular strengths or talents?

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Please feel welcome to add any additional comments regarding the applicant's strengths and/or weaknesses in regard to successfully completing a graduate degree program.

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Do you recommend this applicant for admission to a graduate degree program?

Strongly recommend     
  Recommend     
  Recommend with reservation     
  Do not recommend

May we contact you regarding this applicant?       Yes       No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Email \_\_\_\_\_ Phone: \_\_\_\_\_

**RETURN THIS COMPLETED FORM TO:**  
 University of Mary Washington • Office of Admissions • 121 University Blvd.  
 Fredericksburg, Virginia 22406-7239 • 540/286-8088 • Fax: 540/286-8085 • www.umw.edu/cgps • Email: graduate@umw.edu