

## **General Recommendation Form for Graduate Admission**

#### The Graduate School

1500 North Patterson Street Valdosta, Georgia 31698

Phone: 229.333.5694 ◆ Toll-free: 800.618.1878 option 5 ◆ Fax: 229.245.3853

www.valdosta.edu/gradschool • gradschool@valdosta.edu

Recommendations may be submitted through the application system (please include the name and email of your recommenders when the application requests that information), but this form may be used as a back-up. Please read all instructions carefully.

### INSTRUCTIONS:

Applicant: Complete Part A (box below). Include your signature and submit the form to your recommender.

**Recommender:** Complete Parts B and C of this form. Please return this recommendation form with letter attached. Recommendations may be emailed to gradschool@valdosta.edu, sent to the applicant for mailing with other application materials, or directly to the VSU Graduate School:

The Graduate School, Valdosta State University, 1500 North Patterson Street, Valdosta, GA 31698-0005.

## PART A: TO BE COMPLETED AND SIGNED BY THE APPLICANT

Please type or print clearly:									
LAST NAME	FIRST NAME	MIDDLE NAME		OTHER NAMES					
STREET ADDRESS	APT/SUITE	CITY	STATE	ZIP CODE					
DATE OF BIRTH		PHO	NE NUMBER						
TERM APPLYING FOR:	D	EGREE/MAJOR SOUGHT:							
SEMESTER/YEAR (e.g., Fall/2020)	DEGREE-MAJOR (e.g., MPA or MS in Criminal Justice)								
Public Law 93-380, Family to recommendations in the ment below. Recommenda will be considered as conf	eir placement files, unless ation letters received by t	s the right to such ac the Graduate School	ccess has been	waived by the state-					
I hereby ☐ Waive ☐ Do no	ot waive my right to see thi	s recommendation.							
SIGNATURE OF APPLICANT			DATE						

## PART B: SUMMARY EVALUATION—TO BE COMPLETED BY RECOMMENDER

Based on your knowledge of the applicant, please rate the applicant's promise as a graduate student (in comparison to his or her peers) on the following criteria:

	Below Average	Average	Above Average	Top 10%	Inadequate Opportunity to Observe	
Research Aptitude						
Intellectual Ability						
Ability to work with others						
Creativity and imagination						
Maturity						
Self-confidence						
Communication skills - Oral						
Communication skills - Written						
Analytic Ability						
Motivation						
Potential in Career Field						
Please indicate the strength of your ov	erall endorsemen	t of the applica	nt for graduate wo	rk:		
☐ Highly Recommend	☐ Recommend with Some Reservations					
☐ Do not recommend	☐ Unable to Observe					
Relationship to applicant (e.g., instructor, p	professor, superviso	r):				
How many years have you known the app	icant?					
NAME (Please type or print for processing accuracy)						
EMPLOYER			TITLE			
ADDRESS						
SIGNATURE						

# PART C: WRITTEN ASSESSMENT—TO BE COMPLETED BY RECOMMENDER

In addition to the specific ratings above, please attach a written assessment of the applicant's scholarship, personality, character, and professional promise. Please include an assessment of strengths and weaknesses.

Submit completed form and attached letter to:
gradschool@valdosta.edu
or
The Graduate School
Valdosta State University

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