ReOffice of Graduate Services
Frostburg State University
101 Braddock Road
Frostburg, MD 21532
(301) 687-7053
FAX (301) 687-4597

Request for Recommendation

_____ _____
(Applicant's Name) (Student ID Number)

_____
(Intended Graduate Program of Study)

❑ Check here if you are applying for a graduate assistantship. If so, these are the only references you need to provide.

Instructions to Applicant: Applicants seeking admission to certain graduate programs of study at Frostburg State University are asked to obtain three references (preferably from academic sources). Please complete and sign the waiver below and ask those recommending you to complete the Request for Recommendation form. The applicant should provide the respondent with a stamped envelope addressed to the Office of Graduate Services as indicated above.

The Family Educational Rights and Privacy Act of 1974 provides for student access to credential references. Students, however, are given the option of waiving their right of access to references. The signed statement below indicates the wish of this particular applicant.

_____ I wish to waive my right to inspect and review the contents of this reference.
_____ I retain the right to inspect the contents of this reference.
Student's signature _____ Date _____

Please do not make any reference to the candidate's race, gender, religion, national origin, ancestry, or handicap. When typed, please return to the above address.

Knowledge of the Applicant

1. Approximately how long have you known the applicant? _____Years _____Months

2. How well do you feel you know the applicant? _____Slightly _____Well _____Very Well

3. What is the nature of your contacts with the applicant?

_____Teacher in one class _____Teacher in more than one class _____Employer

_____Research Advisor _____Major Advisor Other (specify):_____

4. In comparison with other students you have known, how would you rank the applicant's:

	Exceptional	Above Average	Average	Below Average	Poor	Unable to Judge
Intellectual Ability	❑	❑	❑	❑	❑	❑
Motivation	❑	❑	❑	❑	❑	❑
Work Habits	❑	❑	❑	❑	❑	❑
Writing Ability	❑	❑	❑	❑	❑	❑
Conversational Ability	❑	❑	❑	❑	❑	❑
Oral Presentation Skills	❑	❑	❑	❑	❑	❑
Research Skills	❑	❑	❑	❑	❑	❑
Emotional Maturity	❑	❑	❑	❑	❑	❑
Interpersonal Skills	❑	❑	❑	❑	❑	❑

5. Would you accept the applicant as one of your own graduate students if you were in a position to do so?

_____ Definitely, I am certain the applicant will be successful.

_____ Yes, I would give the applicant a chance.

_____ Probably, but with some reservations.

_____ Maybe, but with many reservations.

_____ No.

Please print or type your responses to the following. Additional sheets may be attached as needed.

6. Briefly describe the applicant's relationships with students and/or colleagues.

7. Please comment on the applicant's character and temperament.

8. What are the applicant's outstanding assets?

9. Please describe any limiting factors which should be considered by an admissions committee or should be taken into account in planning the applicant's graduate work.

10. If possible, please comment on the applicant's ability to write major papers/thesis at the graduate level.

11. This space is for any additional comments, information, predictions.

12. This applicant is recommended:

_____Strongly _____Moderately _____Weakly _____Not at All

Author's Name: _____ Signature: _____

Position/Title: _____

Organization: _____

Address: _____

Phone: _____ Date: _____

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