

RECOMMENDATION FORM

Graduate Admissions
Radford University
P. O. Box 6928
Radford, Virginia 24142

INSTRUCTIONS:

Applicant: The applicant completes Part 1 of this form and then gives it to the person who will write the recommendation. If your reference returns the form to you, [1] have the reference sign the sealed envelope, [2] place it with the other documents in your application packet, and [3] mail it to Graduate Admissions at Radford University, PO Box 6928, Radford, VA 24142. Be sure to have the reference sign the seal.

Reference: The person providing the recommendation is to complete Part 2 of this form, and mail it to Graduate Admissions at Radford University, PO Box 6928, Radford, VA 24142.

PART 1: APPLICANT INFORMATION (Please print or type)

Applicant's Name _____
Last First Middle Initial

Name if records appear under a different name _____

Email Address _____ Phone No. _____ Program applied to _____

Check one of the following statements and sign your name. Failure to check a box implies that you waive your rights to see this recommendation.

I WAIVE my rights to see my recommendation and therefore recognize that it will remain confidential.

I DO NOT WAIVE my rights of confidentiality and therefore will be able to see my recommendation.

Applicant's Signature _____ Date _____

PART 2: TO BE COMPLETED BY THE PERSON MAKING THE RECOMMENDATION

Name: _____ Position: _____ Institution or Company: _____

E-Mail Address: _____ Phone Contact: (Day): _____

In what way(s) have you come to know the applicant (check all that apply).

I taught the applicant in college

I am/was the applicant's advisor in college

I am/was the applicant's work supervisor

I am/was the superintendent, assistant superintendent, principal or in some other way the supervisor of the applicant in a school or school system.

I am/was a colleague of the applicant

Other (Please Explain)

What is your evaluation of the applicant in terms of:

	Below Average	Average	Above Average	Exceptional	Don't Know
Scholarship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Potential.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to communicate orally ...	<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"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

On a separate page, please provide any additional comments which you feel might be helpful in the evaluation of the applicant for admission to Graduate College at Radford University.

Signature of Reference _____ Date _____