



**RECOMMENDATION FORM**

<b>PART A</b>	TO BE COMPLETED BY THE APPLICANT	SOC. SEC. NO. <u>  </u> <u>  </u> <u>  </u> - <u>  </u> <u>  </u> <u>  </u> <u>  </u> - (last 4 digits)
NAME (Print)                      Last                                      First                                      Middle		
Degree:                      Associates _____                      Masters _____                      Second Degree _____		
I agree that the recommendation I am requesting shall be held in confidence by officials of Salisbury University, and I hereby waive any rights I may have to examine it.                      _____ YES                      _____ NO		
Signature of applicant: _____		Date: _____

SUMMARY EVALUATION Applicant's promise as a graduate student in comparison with others of similar age and experience	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE		UNUSUAL	OUTSTANDING	TRULY EXCEPTIONAL	Inadequate Opportunity to Observe
	Lowest 40%	Middle 20%	Next 25%	Next 5%	Next 5%	Almost Top 5%	Top 5%	
Research aptitude								
Intellectual potential								
Ability to work with others								
Creativity and imagination								

Self

Not Recommended	Recommended with some reservations	Recommended	Highly Recommended
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<b>PART B</b>	<b>TO BE COMPLETED BY THE RECOMMENDER</b>
How long and in what capacity have you known the applicant?	
We would appreciate your assessment of the applicant's scholarship, personality, character and professional promise. Please include in the statement an assessment of strengths and weaknesses. If additional space is needed, please feel free to use a separate sheet. If you prefer, you may write the entire statement on your own.	

STATEMENT: