

APPLICANT'S SECTION

This part is to be completed by the applicant prior to giving the form to the evaluator.

Last Name (legal name)	First Name	Middle Initial	Last 4 digits of Social Security Number
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Home Street Address	City	State	Zip	Country
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Intended Graduate Program of Study:

Waiver Selection and Signature:

☐ I waive the right provided by the Family Education Rights and Privacy Act of 1974 to view this letter of recommendation.

☐ I do not wish to waive this right. I wish to retain the right to view this letter of recommendation.

Applicant's Signature: _____ Date: _____

EVALUATOR'S SECTION

The person whose name appears above is applying to a graduate program at Fitchburg State University. We would appreciate your candid appraisal of this applicant relative to admission.

As required by the Family Education Rights and Privacy Act of 1974, a student may elect to waive the privilege of viewing this recommendation form. If the student has not waived this right in the section above, you should consider this form to be non-confidential.

Name of Person Making the Evaluation	Last	First	Middle
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Organization/Institution	Relationship to Applicant (check one): <input type="checkbox"/> Current/Former Employer <input type="checkbox"/> Current/Former Instructor
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Position/Title	Phone Number
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Business Address	City	State	Zip
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Evaluator's Signature

1. How long and in what capacity have you known this applicant?

2. Evaluate this applicant by checking (✓) the scales below, relative to other people you have known in a similar capacity.

	Excellent (Top 10%)	Above Average	Average	Below Average	No Opportunity to Evaluate
Intellectual Ability (General Thinking Skills)					
Discipline-Specific Knowledge					
Interpersonal Skills					
Effectiveness in Written Communication					
Effectiveness in Oral Communication					
Leadership Ability					
Ethical Integrity					
Motivation/Initiative					
Promise as a Graduate Student					

3. Narrative: Describe this applicant in terms of: strengths and areas needing development; potential to achieve in graduate studies; special qualities or experiences that lend support to this applicant's acceptance into this graduate program.

PLEASE ATTACH TO THIS FORM A SIGNED WRITTEN NARRATIVE PRINTED ON PROFESSIONAL LETTERHEAD.

***Thank you for completing the recommendation on behalf of the student. Please return form and written statement to:
Admissions Office, Fitchburg State University, 160 Pearl Street, Fitchburg, MA 01420***