

RECOMMENDATION FORM

To be completed by applicant. Print or type form.

Last Name	First Name	Middle or Maiden Name
Proposed Graduate Program	Degree Sought	Social Security Number

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records; however, they may waive their right to see recommendations. The following signed statement reflects the applicant's wish regarding this recommendation:

- I waive my right to inspect this recommendation.
 I do not waive my right to inspect this recommendation

Signature of Applicant

Summary Evaluation

To be completed by person recommending applicant. The person named above has applied for admission to graduate study at the University of Maryland Eastern Shore. Please complete the summary evaluation below; an additional statement concerning the applicant, elaborating on the information in the summary, would be appreciated. This recommendation is subject to review by the applicant unless that right has been waived (see above).

How long have you known the applicant? _____ In what capacity? _____

Please rate the applicant relative to other students in the same field in recent years:

Recommendations Criteria	Outstanding (highest 5%)	Excellent (next highest 5%)	Good (next highest 5%)	Fair (next highest 25%)	Poor (lowest 50%)	Unable to Judge
Academic Performance, if Applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for proposed program of study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual capacity, including reasoning and analytical ability, imagination, learning potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research and writing ability	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Potential as a teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for career advancement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My overall recommendation of the applicant for graduate study:

- Highly Recommended
 Recommended
 Recommended with Reservation
 Not Recommended

Check here if you have provided additional comments about the applicant on the reverse of this form.

RECOMMENDATION FORM *(continued)*

Signature

Date

Name and Position (type or print)

Institution/Firm

Address

City

State/Zip

Additional Comments:

