

Recommendation Form
Graduate Admissions for Master of Arts
Department of Communications
California State University, Fullerton 92651-6846

Section A: To be completed by Applicant

Name of Applicant

Address of Applicant

? I waive my rights of confidentiality.

? ? I do not waive my rights of confidentiality.

Signature of Applicant

Date

Section B: To be completed by Evaluator

I have known the above candidate for _____ years in the following capacity: _____

Please list the strengths and weaknesses of the applicant to pursue graduate work:

Section C: To be completed by Evaluator

Name

Title

Address

Phone Number

Signature

Date

Section D: To be completed by Evaluator

Please check the box that most correctly states your level of agreement of the applicant:

Of _____ students/employees I have had / supervised, I would rate this applicant in the top:
(check one)

	1%	5%	10%	25%
1. Motivated to work beyond assigned duties.				
2. Knowledge and understanding of subject of profession.				
3. Trustworthy and has high moral standards.				
4. Ability to complete graduate work.				
5. Writing ability.				
6. Level of recommendation.				