



CALIFORNIA STATE UNIVERSITY, FULLERTON

Department of Human Communication Studies, Graduate Admissions Committee
Recommendation Form for the M.A. in Communication Studies

*Please return this form before **March 1st for Fall** applications or **October 1st for Spring** applications to: Dr. Summer Martin, Graduate Advisor, Department of Human Communication Studies, PO Box 6868, Fullerton, CA 92834-6868.*

This form and its accompanying letter of recommendation may be submitted to the address above directly by the recommender. Alternatively, the recommender can return the completed form and letter to the applicant (in a signed, sealed envelope if the applicant has waived the right to access it), who can include it in the application packet for the department.

To the applicant: Under "The Family Education Rights and Privacy Act of 1974," students have the right to inspect their records. This includes recommendation letters. Although we consider all recommendation letters carefully, we believe that in many instances letters written in confidence are of greater utility in the assessment of an applicant's qualifications, abilities, and promise. The recommendation letters you submit will be used only for the purpose of assessing your application for admission. We invite, but do not require, you to sign the following waiver designated by 1. You may, however, expressly decline to do so by signing 2.

1. I waive my right of access to this recommendation and understand that I will not be able to see it under any circumstances.

Name (printed): _____

Signature: _____ Date: _____

2. I do not waive my right of access to this recommendation.

Name (printed): _____

Signature: _____ Date: _____

To the recommender: Thank you for your effort in helping the Graduate Committee fairly evaluate this applicant. Please sign below acknowledging that you understand the applicant's decision to waive/not waive the right of access to your recommendation and certify that you are the evaluator whose comments are attached.

Name (printed): _____

Position: _____ Institution: _____

Signature: _____ Date: _____

How long have you known the applicant? _____ years _____ months

How well do you know the applicant?

Not at all 1 2 3 4 5 Extremely well

In what capacity do you know the applicant?

What is your overall recommendation concerning admission?

_____ I strongly recommend this applicant.

_____ I recommend this applicant.

_____ I recommend this applicant with reservations.

_____ I do not recommend this applicant.

In your opinion, is the applicant's scholastic record, as you know it, an accurate index of the applicant's scholastic ability?

_____ yes _____ no

If you answered "no," please explain:

Please rate the applicant compared to peers. Use "NA" if you have no basis to evaluate.

	Top 1-2%	Top 5%	Top 10%	Top 25%	Top 50%	Lower 50%	NA
Subject-area knowledge							
Ability to grasp new concepts							
Problem- solving ability							
Integrity							
Motivation, initiative							
Professionalism							
Written expression							
Oral expression							
Reliability							
Ability to get along with others							

***** Please attach a letter evaluating this applicant's qualifications, abilities, and potential to succeed in graduate school. If the applicant is applying to be a Teaching Associate, please also address your belief in the applicant's ability to succeed in this capacity. *****