The graduate committee recommends that the majority of (or all) references be from faculty members (who can comment on the applicant’s academic performance). A letter should accompany this form.

Please return this form before March 1st (TA deadline)/April 15th (general deadline) for Fall applications or October 1st (TA deadline)/November 1st (general deadline) 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.

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<th>Subject-area knowledge</th>
<th>Top 1-2%</th>
<th>Top 5%</th>
<th>Top 10%</th>
<th>Top 25%</th>
<th>Top 50%</th>
<th>Lower 50%</th>
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<td>Ability to grasp new concepts</td>
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*IMPORTANT: 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.*