This form should be filled out by a faculty member who can comment on the applicant’s academic performance and potential to succeed in graduate school. Please include a recommendation letter.

To submit the recommendation form and letter, either: 1) scan and email the recommendation to the Graduate Director; 2) mail the recommendation directly to the Graduate Director; or 3) return the recommendation to the applicant in a sealed envelope signed across the enclosure flap for inclusion in their application packet.

**Deadlines** **Dr. Summer Martin**

March 01 Fall admission. Graduate Director

October 01 Spring admission. Human Communication Studies

PO Box 6868

Fullerton, CA 92834-6868

(sumartin@fullerton.edu)

**To the applicant:** Under “The Family Education Rights and Privacy Act of 1974,” students have the right to inspect their records, including recommendation forms. Although we consider all recommendations carefully, we believe that confidential recommendations are more useful when assessing applications. 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 (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 Graduate Assistant please also address their ability to succeed in this capacity. \*\*\***