

Applicant Information

PLEASE NOTE: BOTH THIS FORM AND A SEPARATE NARRATIVE LETTER ARE REQUIRED FOR RECOMMENDATION

Notice: The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) gives students the right to access letters of recommendation written after 1975. By choosing to have this letter treated as "confidential," you are waiving your right to review it. If you choose to have this letter treated as "non-confidential," you retain the right to review it.

Last Name		First Name	Middle Name		
Intended Program of Study		Name of Reference			
I choose to have this recommenda	tion letter treated as:	Confidential (not for my review)	Non-confidential (open for my review)		
Signature		vate			
Recommender Summary					
Please complete the section belo	w, including how long	you have known the applicant and ir	n what capacity (i.e. supervisor).		
First Name	Last Name	Email Address			
Organization/Employer		Title/Position			

Please rate the applicant on the following criteria. In addition, your narrative evaluation is very important. Please feel free to cite any additional strengths or personal qualities of the applicant. Supporting your ratings and comments with specific examples will enhance the usefulness of this recommendation. **Recommendations may not be completed by relatives of the applicant.**

	Inadequate Basis for Judgment	Below Average	Satisfactory	Above Average	Superior
Scholarship	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Demeanor	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Oral Communication Skills	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Written Communication Skills	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Work Habits	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Sense of Responsibility	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Judgment	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Self-Confidence	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Interpersonal Skills	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Potential Leadership Skills	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Organizational Skills	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Decision-making Skills	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

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I certify that the information submitted in this recommenation is accurate, true, and complete.

Signature					Date	
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