

OFFICE OF GRADUATE STUDIES
SOUTHERN UNIVERSITY AND A&M COLLEGE
BATON ROUGE, LOUISIANA

LETTER OF RECOMMENDATION

APPLICANT: In order for your application to be processed, you must provide the information requested below before giving this form to the person recommending you. If the recommendation will be submitted on a separate sheet, please attach this form.

REQUEST FOR EVALUATION:

Name of Applicant: Mr. () Mrs. () Ms. ()

Full Name: _____
 Social Security No. _____
 Degree you wish to seek: Ph.D Master's
 Semester you wish to enter: Fall Spring Summer term 20_____
 Date of Birth: Month _____ Day _____ Year _____
 Major you wish to study: _____

Waiver of Access: (Optional) By affixing my signature herein I hereby waive my right to gain access to this recommendation and authorize the Graduate School to maintain it in a confidential file.

Signature of Applicant: _____

1. How well do you know the applicant? How long and in what capacity? (Attach a separate sheet if necessary).

2. Give your opinion of the applicant's qualifications to do graduate work in his/her field. (Attach a separate sheet if necessary).

Please complete the following.

	Exceptional	Above Average	Average	Below Average	No Basis for Judgment
Intellectual Ability					
Writing Ability					
Speaking Ability					
Knowledge of Proposed Area of Study					
Motivation					
Emotional Stability					
Ability to Work Independently					
Ability to work in a group					
Research Potential					
Teaching Ability					

	Doctoral Program	Master's Program	Other (Please specify)
I would strongly recommend for			
I would recommend for			
I would recommend with reservations for			
I would not recommend for			

Indicate applicant's promise for success in a graduate program. () outstanding () above average () average () poor

SIGNATURE _____ **DATE** _____ **INSTITUTION** _____
NAME (please print or type) _____ **TITLE** _____ **ADDRESS** _____