SAMPLE LETTER OF RECOMMENDATION

APPLICANT'S SECTION

This part is to be completed by the applicant prior to giving the form to the evaluator.

Last Name (legal name)	First Name	Middle Initial	Last 4 digits of Social Security Number			
Home Street Address	City	State Zip	Country			
Intended Graduate Program of Study:						
Waiver Selection and Signature:	ded by the Family Education Rights	s and Privacy Act of 1974 to view t	his letter of recommendation.			
☐ I do not wish to waive	this right. I wish to retain the right	to view this letter of recommend	lation.			
Applicant's Signature:			Date:			
EVALUATOR'S SECTION						
	me appears above is app your candid appraisal of		ram at Fitchburg State University.			
privilege of viewing th	-	n. If the student has not	tudent may elect to waive the waived this right in the section			
Name of Person Making the Evaluatio	n Last	First	Middle			
Organization/Institution	Relationship to Appli	cant (check one): Current/For	rmer Employer			
Position/Title		Phone Nur	Phone Number			
Business Address	City		State Zip			
Evaluator's Signature						
How long and in what capacity ha	ive you known this applicant?					

2. Evaluate this applicant by checking () the scales below, relative to other people you have known in a similar capacity.

	Excellent (Top 10%)	Above Average	Average	Below Average	No Opportunity to Evaluate
Intellectual Ability (General Thinking Skills)					
Discipline-Specific Knowledge					
Interpersonal Skills					
Effectiveness in Written Communication					
Effectiveness in Oral Communication					
Leadership Ability					
Ethical Integrity					
Motivation/Initiative					
Promise as a Graduate Student					

3. Narrative: Describe this applicant in terms of: strengths and areas needing development; potential to achieve in graduate studies; special qualities or experiences that lend support to this applicant's acceptance into this graduate program.

PLEASE ATTACH TO THIS FORM A SIGNED WRITTEN NARRATIVE PRINTED ON PROFESSIONAL LETTERHEAD.