



SCHOOL OF GRADUATE STUDIES RECOMMENDATION REPORT
 East Tennessee State University - School of Graduate Studies - P.O. Box 70720 - Johnson City, Tennessee - 37614-1710- U.S.A.

Ms., Mr. _____ is applying for the Master's, Specialist, Doctoral
(TO BE COMPLETED BY APPLICANT) (CIRCLE ONE)
 or certificate program at East Tennessee State University in the Department or Program of _____

(TO BE COMPLETED BY APPLICANT)

Please complete this recommendation report which is a vital part of the prospective student's application. Please forward your recommendation to the address listed at the end of this form. Thank you for your time and help in evaluating the potential of this applicant.

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SOCIAL SECURITY NUMBER

Waiver of Right to Access: Under the Family Educational Rights and Privacy Act of 1974 a candidate for a program or a student at East Tennessee State University has access to his or her educational records. We comply with this law, while still allowing the student the option of waiving the right to access. If you wish to waive the right to examine this Recommendation Report, please sign here. The alternative you choose in no way affects consideration of your application.

 APPLICANT'S SIGNATURE

 DATE

To Be Completed By The Respondent

In what capacity have you known this candidate? _____

Specify the reference group to which the applicant is being compared:

- Undergraduate students applying to graduate school
- Master's students
- Doctoral students

In the rating scales below please evaluate the applicant by placing a check after each characteristic to be evaluated in the column that most nearly represents your opinion. If you lack knowledge to make a definite rating, check the column "Inadequate Opportunity to Observe."

	<small>INADEQUATE OPPORTUNITY TO OBSERVE</small>	<small>BELOW AVERAGE</small>	<small>AVERAGE</small>	<small>TOP 25%</small>	<small>TOP 10%</small>
Ability to master academic work					
Written expression/ability to write					
Ability to communicate orally					
Familiarity with research techniques					
Ability to work independently					
Ability to work with others					
Motivation/Perseverance					
Reliability/Dependability					

REGARDING THE PROGRAM TO WHICH THE CANDIDATE HAS APPLIED WOULD YOU

- 1. Recommend admission strongly
- 2. Recommend admission
- 3. Recommend admission with reservation
- 4. Not recommend admission

Please add any comments which might assist in making a judgement as to whether the applicant should be admitted to our Graduate School. Cite specific strengths and weaknesses.

NAME (please print)

TITLE

ADDRESS OF RESPONDENT

EMAIL

SIGNATURE OF RESPONDENT

DATE

Please enclose your recommendation report in an envelope, sign your name across the sealed flap, and return the envelope to the applicant. **ETSU will accept from the applicant only those recommendation reports that are enclosed in envelopes which are sealed and signed by the respondent, even in the case where the applicant has retained the right of access. Letters of recommendation will be confirmed or verified with the respondent.**