General Recommendation Form for Graduate Admission

The Graduate School
1500 North Patterson Street
Valdosta, Georgia 31698
Phone: 229.333.5694 ♦ Toll-free: 800.618.1878 option 5 ♦ Fax: 229.245.3853
www.valdosta.edu/gradschool ♦ gradschool@valdosta.edu

Letters of recommendation may be submitted as attached documents; however, letters of recommendation received without the completed form will not fulfill the recommendation requirements for admission review. Read all instructions carefully. This form is required for the following programs:

Doctor of Education (Ed.D.)
Doctor of Public Administration (D.P.A.)
Education Specialist (Ed.S.) in Teaching & Learning (on-campus and GOML track)
Education Specialist (Ed.S.) in School Counseling
Education Specialist (Ed.S.) in School Psychology
Master of Arts (M.A.) in Communication Arts
Master of Arts (M.A.) in English
Master of Arts (M.A.) in History
Master of Arts (M.A.) in Music Education (M.M.Ed.)
Master of Arts (M.A.) in Music Performance (M.M.P)
Master of Library & Information Science (M.L.I.S.)
Master of Public Administration (M.P.A)
Master of Science (M.S.) in Biology
Master of Science (M.S.) in Criminal Justice
Master of Science (M.S.) in History
Master of Science (M.S.) in Psychology (Clinical)
Master of Science (M.S.) in Psychology (Industrial/Organizational)
Master of Science (M.S.) in Sociology

INSTRUCTIONS:

Applicant: Complete Part A (box below). Include your signature and submit the form to your recommender. Be sure to include a stamped, self-addressed envelope for your recommender to use for submission.

Recommender: Complete Parts B and C of this form. Please return this recommendation form with letter attached, in an envelope signed across the seal. Sealed recommendations may be sent to the applicant for mailing with other application materials or directly to the VSU Graduate School:

The Graduate School, Valdosta State University, 1500 North Patterson Street, Valdosta, GA 31698-0005.

PART A: TO BE COMPLETED AND SIGNED BY THE APPLICANT

Please type or print clearly:

LAST NAME FIRST NAME MIDDLE NAME OTHER NAMES

STREET ADDRESS APT/SUITE CITY STATE ZIP CODE

VSU STUDENT ID NUMBER OR LAST 6 DIGITS OF SOCIAL SECURITY NUMBER

DATE OF BIRTH PHONE NUMBER

TERM APPLYING FOR: ___________________ DEGREE/MAJOR SOUGHT: ___________________

SEMESTER/YEAR (e.g., Fall/2010) DEGREE-MAJOR (e.g., MPA or MS in Criminal Justice)

Public Law 93-380, Family Education Rights and Privacy Act of 1974, grants students the right to have access to recommendations in their placement files, unless the right to such access has been waived by the statement below. Recommendation letters received by the Graduate School without the signature of the applicant will be considered as confidential and access waived.

I hereby ☐ Waive ☐ Do not waive my right to see this recommendation.

SIGNATURE OF APPLICANT ___________________ DATE ___________________
PART B: SUMMARY EVALUATION—TO BE COMPLETED BY RECOMMENDER

Based on your knowledge of the applicant, please rate the applicant’s promise as a graduate student (in comparison to his or her peers) on the following criteria:

<table>
<thead>
<tr>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Top 10%</th>
<th>Inadequate Opportunity to Observe</th>
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<tbody>
<tr>
<td>Research Aptitude</td>
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<td>Intellectual Ability</td>
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<td>Ability to work with others</td>
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<td>Creativity and imagination</td>
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<td>Maturity</td>
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<td>Self-confidence</td>
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<td>Communication skills - Oral</td>
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<td>Communication skills - Written</td>
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<td>Analytic Ability</td>
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<td>Motivation</td>
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<td>Potential in Career Field</td>
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Please indicate the strength of your overall endorsement of the applicant for graduate work:

- [ ] Highly Recommend
- [ ] Recommend
- [ ] Recommend with Some Reservations
- [ ] Do not recommend
- [ ] Unable to Observe

Relationship to applicant (e.g., instructor, professor, supervisor):

___________________________________________________________________________

How many years have you known the applicant?

___________________________________________________________________________

NAME (Please type or print for processing accuracy)

EMPLOYER

ADDRESS

SIGNATURE

PART C: WRITTEN ASSESSMENT—TO BE COMPLETED BY RECOMMENDER

In addition to the specific ratings above, please attach a written assessment of the applicant’s scholarship, personality, character, and professional promise. Please include an assessment of strengths and weaknesses.

Submit completed form and attached letter to:
The Graduate School  
Valdosta State University  
1500 N. Patterson Street  
Valdosta, GA 31698-0005