



Office of Graduate Studies
Letter of Recommendation

I. To be completed by applicant (please print or type):

Name of applicant: Last First Middle Student ID

Applying for (check all that apply) admissions graduate assistantship

in the Department (or School) of

I agree that the recommendation I am requesting shall be held in confidence by officials of Emporia State University, and I hereby waive any rights I may have to examine it. Yes No

Applicant's signature: Date

II. To be completed by the recommender:

(A letter of reference on institutional letterhead may be submitted in lieu of this form.)

Please indicate how long and in what capacity you have known the applicant. We would appreciate your evaluation of the applicant's past work and overall potential for doing graduate work and/or performing as a teaching or research assistant. The checklist below may be useful in suggesting areas on which to comment. (Use reverse or second sheet if necessary.)

Please rate the applicant according to the following scale:

5 = outstanding, 4 = excellent 3 = very good, 2 = good, 1 = fair, 0 = poor, N = no basis for judgment.

- Intellectual capability Ability to express thoughts in writing Teaching ability (if known) Motivation
Research skill Ability to express thoughts orally Maturity Overall ability

Recommender's name Position or title (please print or type)

Signature Date

Address

Telephone

Please return this form directly to Graduate Studies, Box 4003, Emporia State University, 1200 Commercial, Emporia, KS 66801-5087