

ALBANY STATE UNIVERSITY GRADUATE ADMISSIONS RECOMMENDATION FORM

<u>INSTRUCTIONS:</u> Please read the instructions carefully. A completed recommendation form is required in order for you to be considered for admissions to the Graduate School.

<u>Applicant:</u> Complete the Applicant Information section of this form below, sign and give to a person (employer, supervisor, department head or one of your teachers who knows you well enough to evaluate your qualities and abilities. Provide the recommender with a self-addressed stamped envelope to Graduate Admissions, BCBB 292, Albany State University, 504 College Drive, Albany GA 31705.

<u>Recommender:</u> Complete Parts B and C of this form. Return recommendation form with letter attached, in a sealed envelope with signature across the seal of the envelope. Sealed recommendations must be sent to: Attention Graduate Admissions, BCBB 292, Albany State University, 504 College Drive, Albany GA 31705. Completed and signed recommendation can also be faxed to **graduate admissions at (229)** 430-2867 or sent via email from the recommender to **graduateadmissions@asurams.edu**.

PART A: APPLICANT INFORMATION (To Be Completed by the Applicant)							
Last Name	First Name	Middle Initial:					
Street Address	City	State	Zipcode				
Email	Te	el					
Degree/Major Sought	Te	erm applying for (e.g. Spring 2018)					
☐ I agree to respect the confidentiality of the evaluation and specifically waive any							
right of access under the Family Educational Rights and Privacy Act of 1974 as							
amended.	y right to see this evaluat	ion					
Please Note: Recommendation letters received by the Graduate School without a selection and signature of the applicant will be considered as confidential and access							
selection and signat waived.	ure of the applicant will	be considered as confider	ntial and access				
waivod.							
Applicant Signature		 Date					

PART B: (To be Completed by	the Recomr	mender)			
I have known the person apply student, employee, other (ple				graduate stud	dent,
student, Employee, other (pr	sase marcate	11010)			
I have known the applicant since	ce (indicate y	ear) in ı	my position as	5	
Rating of Applicant: Comparin	a the applica	nt with a ronr	rosontativo ar	oun with simil	ar ovnorionco
and training, how would you ra					ai experience
and training, now would you re	Outstanding	Above	Average	Below	Did Not Observe
	Top 5%	Average	Average	Average	Did Not Observe
	1 op 3 /0	Tiverage		Trenage	
Intellectual ability					
Ability to work independently					
Ability to work with others					
Analytical skills					
Perseverance in pursuing goals					
Emotional maturity					
Oral communication					
Written communication					
Ability to accept feedback					
Leadership potential					
Integrity					
Research ability					
Potential for success in the field					
Potential for success in the field					
	_				
Strength of your recommend	<u>ation:</u>				
☐Recommend Highly ☐Reco	mmend [_ Recommen	id with Reserva	tions ∐Do	Not Recommend
Name of Recommender:			Job/Position:		
Place of Employment					
Email			Phone #		
			•		
Signature			Date:		
Oignature .			Date.		
PART C: WRITTEN EVALUATION	N. In addition	n to the rating	as above plea	ase provide a	dditional

comments regarding student's personality. Include any strengths or weaknesses that should be considered in evaluation of the applicant for graduate education.

Submit <u>completed form and attached letter</u> to: The Graduate School, BCB 292

The Graduate School, BCB 292 504 College Drive Albany State University Albany, GA 31705