



ALBANY STATE UNIVERSITY  
GRADUATE ADMISSIONS RECOMMENDATION FORM

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

**Applicant:** 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.

**Recommender:** 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](mailto:graduateadmissions@asurams.edu).

**PART A: APPLICANT INFORMATION (To Be Completed by the Applicant)**

\_\_\_\_\_  
*Last Name* *First Name* *Middle Initial:*

\_\_\_\_\_  
*Street Address* *City* *State* *Zip Code*

\_\_\_\_\_  
*Email* *Tel*

\_\_\_\_\_  
*Degree/Major Sought* *Term 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.

☐ I **do not** waive my right to see this evaluation.

**Please Note: Recommendation letters received by the Graduate School without a selection and signature of the applicant will be considered as confidential and access waived.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## PART B: (To be Completed by the Recommender)

I have known the person applying for graduate school as an ☐ undergraduate student, ☐ graduate student, ☐ employee, other (please indicate here) \_\_\_\_\_

I have known the applicant since (indicate year) \_\_\_\_\_ in my position as \_\_\_\_\_

**Rating of Applicant: Comparing the applicant with a representative group with similar experience and training, how would you rank him/her in each of the following categories?**

	Outstanding Top 5%	Above Average	Average	Below Average	Did Not Observe
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					

### Strength of your recommendation:

☐ Recommend Highly    ☐ Recommend    ☐ Recommend with Reservations    ☐ Do Not Recommend

\_\_\_\_\_  
**Name of Recommender:**

\_\_\_\_\_  
**Job/Position:**

\_\_\_\_\_  
**Place of Employment**

\_\_\_\_\_  
**Email**

\_\_\_\_\_  
**Phone #**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date:**

**PART C: WRITTEN EVALUATION.** In addition to the ratings above please provide *additional comments regarding student's personality. Include any strengths or weaknesses that should be considered in evaluation of the applicant for graduate education.*

Submit completed form and attached letter to:  
The Graduate School, BCB 292  
504 College Drive  
Albany State University  
Albany, GA 31705