



School of Graduate Studies and Research
Tennessee State University
3500 John A. Merritt Blvd.
Nashville, Tennessee 37209
RECOMMENDATION FORM
Office of the Dean

Section I: To be completed by applicant.

To the Applicant: Please complete the top section of this form

Name of Applicant: _____
Last (Family) First Middle

Social Security Number: _____ / _____ / _____

Major/Degree Intent: _____ Master's Educ. Specialist Doctorate
Major

Term/Year of Entry: Fall Spring Summer _____ (year)

In accordance with the Family Educational Rights and Privacy Act of 1974, materials in students' files, such as recommendation forms, are open to inspection upon request, unless the student has waived the right of access in advance. Please indicate your wish by completing and signing the statement below. Your right to review the recommendation is considered waived if you do not respond.

I hereby waive my right to access retain my right to access. _____
Applicant's Signature

Section II: To be completed by the recommender

To the Recommender: The Graduate School will appreciate a candid evaluation of the applicant named above. Please use this form to rank the student on the listed qualities and to provide written comments about the student.

I have known this applicant for _____ years in my capacity as _____.

Please rate the applicant on each characteristic in comparison with other students at the same academic level in the applicant's discipline.

	Outstanding (Top 5%)	Excellent (Top 10%)	Very Good (Top 25%)	Above Average (Top 50%)	Below Average (Below 50%)	Unable to Comment
Intellectual Ability for Graduate Work						
Motivation for Graduate Work						
Subject Knowledge						
Oral English Expression Skills						
Written English Expression Skills						
Critical Thinking Skills						
Ability to Work Independently						

	Outstanding (Top 5%)	Excellent (Top 10%)	Very Good (Top 25%)	Above Average (Top 50%)	Below Average (Below 50%)	Unable to Comment
Ability to Work with Others/Accept Criticism						
Leadership Skills						
Ethical Conduct						
Potential as a Teacher/ Clinician						
Potential as a Researcher						
Overall Potential for Graduate Study						

In the space below, please provide a written assessment of the applicant, indicating the candidate's strengths and weaknesses with respect to advanced study in the chosen field. Please be as specific as possible. If you prefer, please feel free to attach a letter to this form.

Recommender's Name: _____ Position or Title: _____

Institution: _____ Phone Number _____

Address: _____ E-Mail: _____

Signature: _____ Date: _____

Please mail recommendation in sealed envelope to: The School of Graduate Studies and Research,
Tennessee State University, 3500 John A. Merritt Blvd., Nashville, Tennessee 37209