

	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential as a Teacher/ Clinician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential as a Researcher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Potential for Graduate Study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:

School of Graduate & Professional Studies
Tennessee State University
330 Tenth Avenue North, Suite B400
Nashville, Tennessee 37203