

School of Graduate & Professional Studies Tennessee State University - AWC 330 Tenth Avenue North Nashville, TN 37203 (615) 963-7371 www.tnstate.edu

RECOMMENDATION FORM

Office of the Dean

Independently

Section I: To be com	pleted by ap	plicant.					
To the Applicant: P	lease comple	te the top se	ection of this	form			
Name of Applicant:	Last (F	Family)			First	N	Middle
Major/Degree Intent:			Mas	ter's 🛮 Educ	☐ Educ. Specialist ☐ Doctorate		
Term/Year of Entry:	□ Fal	1	☐ Spring	□ Sumi	ner		_ (year)
In accordance with the such as recommendate of access in advance, to review the recommendate of the recomm	tion forms, and Please indicentation is of	re open to in ate your wis	nspection uponships waived if you	on request, un ting and sign tido not respo	nless the studen ing the stateme	nt has waive ent below. Y	d the right
To the Recommendabove. Please use this about the student. I have known this applicant level in the applicant	er: The Grad s form to ran plicant for ant on each o's discipline.	uate School k the studer	I will apprecint on the listen years in my contact in comparing the comp	d qualities ar apacity as son with othe	nd to provide w	ritten comn	nents
	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							

	Outstanding	Excellent	Very Good	Above	Below	Unable to
	(Top 5%)	(Top 10%)	(Top 25%)	Average	Average	Comment
				(Top 50%)	(Below 50%)	
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 email recommendation to Graduate School (email: gradschool@tnstate.edu)