

GRADUATE STUDENT RECOMMENDATION FORM

Name of Applicant _____ Date: _____

The Family Educational Rights and Privacy Act of 1974 opens student records for the student's inspection. The law also permits the student to sign a waiver relinquishing his/her right to inspect letters of recommendation. The applicant's signature below constitutes a waiver; no signature means the student will have the right to read this reference.

 (Signature of Applicant) (Date)

I. Please indicate your association or contact with the applicant which serves as the basis of your evaluation of the prospective graduate student.

- | | |
|---|---|
| <input type="checkbox"/> Know applicant as a student. | <input type="checkbox"/> Know applicant personally |
| <input type="checkbox"/> Know applicant as an employee or coworker. | <input type="checkbox"/> Not in a position to express an opinion. |

II. Based on your interactions, please circle the response which most accurately reflects your evaluation of the applicant.

Your evaluation is based on recent college graduates with degrees in _____.

Key: NA: Not able to judge	2: Disagree	4: Agree
1: Strongly Disagree	3: Neutral	5: Strongly Agree

1. This person has a strong understanding of mathematics.	NA 1 2 3 4 5
2. The applicant works independently.	NA 1 2 3 4 5
3. The applicant knows how to learn on their own.	NA 1 2 3 4 5
4. The applicant works effectively in groups.	NA 1 2 3 4 5
5. The applicant can critically analyze data.	NA 1 2 3 4 5
6. The applicant has a good ability to think analytically about a problem.	NA 1 2 3 4 5
7. The applicant has the ability to work independently with minimal supervision.	NA 1 2 3 4 5
8. The applicant has strong written communication skills.	NA 1 2 3 4 5
9. This applicant orally communicates effectively.	NA 1 2 3 4 5

I would recommend admission of this candidate to the Master of Science - Energy & Materials program.

Highly recommend

Recommend with reservation

Recommend

Do not recommend

IV. Other Comments - Please explain any unusually high or low ratings you gave this individual. You may also provide other information that you think the admissions committee needs to evaluate this candidate.

(Signature)

(Company or Institution)

(Address)

(Phone)

Please return form to:

Saginaw Valley State University
Office of Graduate Admission, Wickes 160
7400 Bay Road
University Center, MI 48710-0001 USA

For additional Information:

Office of Graduate Admissions
Telephone: (989) 964-6096
FAX: (989) 964-2788
Email: gradadm@svsu.edu
Website: www.svsu.edu/gradadm