Knowledge of the Applicant.

1. I have known the applicant for ________ years, ________ months.
2. I know the applicant
   - [ ] slightly
   - [ ] fairly well
   - [ ] very well
3. I have known the applicant as (State the nature of the relationship) ____________________________________________

To the extent to which you have a basis for judgement, please rank the applicant against others with whom you have been associated in a similar capacity. *(Mark N/A where basis of judgement does not exist.)*

<table>
<thead>
<tr>
<th>Intellectual / Academic Ability</th>
<th>Upper 2%</th>
<th>Upper 10%</th>
<th>Upper 25%</th>
<th>Upper 50%</th>
<th>Lower 50%</th>
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<tbody>
<tr>
<td>Research Skills</td>
<td></td>
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<tr>
<td>Computer Skills <em>(word processing, spread sheets, data analysis package)</em></td>
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<tr>
<td>Library Research Skills</td>
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<td>Written Communication</td>
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<td>Organizational Ability</td>
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<td>Interpersonal Skills</td>
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<td>Desire to Achieve</td>
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<td>Work Ethic</td>
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</tbody>
</table>

Signed ________________________________ Date _______ / _______ / _______

Under the Federal Family Educational Rights and Privacy Act of 1974 and its amendment, students are entitled to review their records including letters of recommendation. However, those writing recommendations and those assessing them may attach more significance to them if it is known that the recommendations will remain confidential. It is your option to waive your right of access to the recommendations or decline to do so. Therefore, please mark the appropriate phrase below, indicating your choice of option, and sign your name.

- [ ] I want to waive my rights to review the contents of this recommendation.
- [ ] I do not waive my rights to review the contents of this recommendation.

Signed ________________________________ Date _______ / _______ / _______
STEP 2  Recommender’s Comments (Continued)

How would you describe the applicant’s character, ethics, and professionalism? (Use additional paper, if needed.)

What is your estimate of the applicant’s promise as a graduate student, strengths and/or weaknesses? (Use additional paper, if needed.)

Printed Name
Mailing Address
Street Address
City
State Zip
Where Employed
Work Phone
Title of Job or Profession
Fax Number
Recommender’s Signature
Date

Must be a wet signature - digital signatures are not acceptable.

Liberty University, 1971 University Blvd., Lynchburg, VA 24502-2269