



Recommendation for Graduate Programs

STEP 1 To be Completed by the Applicant

Name \_\_\_\_\_
First Middle/Maiden Last

Social Security # \_\_\_\_\_

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 right 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

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 with 5 columns: Skill Category, Upper 2%, Upper 10%, Upper 25%, Upper 50%, Lower 50%. Rows include Intellectual / Academic Ability, Research Skills, Computer Skills, Library Research Skills, Written Communication, Organizational Ability, Interpersonal Skills, Desire to Achieve, Work Ethic.

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**STEP 2** **Recommender's Comments** (Continued)

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

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

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Printed Name \_\_\_\_\_ Evening Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Mailing Address \_\_\_\_\_ E-mail \_\_\_\_\_  
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