



Graduate Admissions
RECOMMENDATION FORM

Please note: This form **cannot** be used for the Educational Leadership Studies Program or Masters of Social Work Program.

This recommendation should be completed by the applicant's academic advisor or other appropriate person who has adequate knowledge of the academic potential of the applicant. The completed form should be sent directly to the following address by the person making the recommendation:

**Austin Peay State University
Graduate Admissions
P.O. Box 4458
Clarksville, TN 37044**

This section to be completed by applicant:

Applicant's Name: _____

Alternate or Previous Names: _____

*If you have a maiden or former name, please include it here in order to facilitate admissions processing.

Applicant's APSU I.D. or Date of Birth: _____

The Family Education Rights and Privacy Act of 1974 provides access to educational records and permits the candidate the right to review and inspect this evaluation and to challenge its contents. The Act also permits the candidate to waive his/her right of access to confidential statements obtained with respect to an application for admission or employment, and the candidate may do so by signing the waiver below.

___ I hereby waive my right to access my evaluation.

___ I hereby **do not** waive my right to evaluation.

Signature of Student

Date

This section to be completed by the person making the recommendation:

Printed name of person making this recommendation: _____

Position: _____ Institution: _____

Location of Institution: _____
City State Zip Telephone

How long and in what capacity have you known this applicant? _____

Please rate the applicant on each of the dimensions that follow. Indicate the comparison group you have used to make you ratings:

- ___ undergraduate majors
- ___ students enrolled in terminal Master's program
- ___ other (please specify: _____)

	Top 5%	Top 10%	Top 25%	Top 50%	Bottom 50%	No Basis for Rating
Intellectual Ability						
Analytical Ability						
Creative Ability						
Knowledge of Subject Matter						
Ability to Speak						
Ability to Write						
Ability to Work Independently						
Ability to Work with Others						
Ability to Take Direction						
Potential as a teacher						
Potential as a professional						
Potential as a researcher						

(Optional) In a separate letter, please comment on the applicant's experiences and capabilities which are relevant to the program to which he or she has applied. Also, please comment on any weaknesses you are aware of that may prevent the applicant from being successful in the desired program.

Signature: _____ Date: _____