



RECOMMENDATION FORM

Masters & Credential Applicants

Name of Candidate

LAST _____ FIRST _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

Name of Recommender

LAST _____ FIRST _____

TO THE CANDIDATE SUBMITTING THIS FORM: (SIGN ONE)

Confidential

I waive the right provided by the Family Educational Rights & Privacy Act of 1974 (Buckley Amendment) to view this letter of recommendation in my file at the University of San Diego. The contents of this statement are to remain **CONFIDENTIAL**.

SIGNATURE OF APPLICANT _____ DATE _____

Not Confidential

I do not wish to waive this right. Rather, I wish to retain the right to view this letter in my file at the University of San Diego. The contents of this statement are **NOT CONFIDENTIAL**.

SIGNATURE OF APPLICANT _____ DATE _____

TO THE INDIVIDUAL COMPLETING THIS FORM:

We appreciate your answering the questions below in a specific, detailed and candid manner, noting, in particular, incidents which illustrate the candidate's maturity, intellectual capacity and initiative.

1. Under what circumstances have you known the applicant? _____

2. What do you consider the candidate's most outstanding talents or characteristics? _____

3. What are the candidate's chief liabilities or weaknesses? _____

4. Do you feel graduate study is appropriate for the applicant at this time? Why? _____

5. In comparison with other candidates for graduate school whom you have known, how would you rate the applicant with respect to the following qualities:

	BELOW AVERAGE BOTTOM 1/3	AVERAGE MIDDLE 1/3	GOOD TOP 1/3	UNUSUALLY GOOD TOP 15%	OUTSTANDING TOP 7%	TRULY EXCELLENT TOP 2%	INADEQUATE OPPORTUNITY TO OBSERVE
INTELLECTUAL CAPACITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO WORK WITH OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATURITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOTIVATION FOR GRADUATE STUDY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IMAGINATION/CREATIVITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. I strongly recommend ... that this applicant be admitted to the University of San Diego graduate program.
 recommend ...
 recommend with some reservations ...
 do not recommend ...

SIGNATURE OF RECOMMENDER _____ DATE _____

NAME OF RECOMMENDER (PRINTED) _____

INSTITUTION/ORGANIZATION _____

POSITION/TITLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ CURRENT TELEPHONE NO. (_____) _____

Please mail recommendation to applicant.

Thank you for your assistance.