

## Recommendation for Graduate Admission

### PART 1 – APPLICANT’S INFORMATION (PLEASE PRINT OR TYPE)

**INSTRUCTIONS TO THE APPLICANT:** Complete Part 1 of this form and give a copy to each person who will write a recommendation for you. Please provide a self-addressed stamped envelope and ask the recommender to seal the recommendation inside an envelope, sign across the seal, and return it to you, and return the UNOPENED envelopes with your application package; or, the recommender may return the form directly to the Dean of Graduate Studies at the address below.

APPLICANT’S NAME

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

If records may appear under a different name, please enter the name: \_\_\_\_\_

West Virginia Wesleyan graduate program applied to: \_\_\_\_\_

Under the Federal Family Educational Rights and Privacy Act of 1974, as amended (PL 93-380), students are entitled to review their records, including letters of recommendation. It is your option to waive your right of access to this recommendation, or decline to do so.

Check one of the following statements and sign your name.

- I WAIVE my right of access to this recommendation.  
 I DO NOT waive my right of access to this recommendation.

APPLICANT’S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### Part 2 – RECOMMENDATION INFORMATION TO BE COMPLETED BY THE PERSON MAKING THE RECOMMENDATION

NAME OF THE PERSON MAKING RECOMMENDATION

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

In comparison with other students you have taught, or other employees you have worked with or supervised, how do you rate the applicant on the following characteristics? Please check the appropriate box.

	Below Average	Average	Good	Excellent	No Basis for Judgment
Academic Performance	_____	_____	_____	_____	_____
Intellectual Ability	_____	_____	_____	_____	_____
Written Expression	_____	_____	_____	_____	_____
Oral Expression	_____	_____	_____	_____	_____
Motivation for Proposed Field of Study	_____	_____	_____	_____	_____

Please indicate the confidence with which you *would* or *would not recommend* the applicant for admission to this graduate program:

Highly Recommend \_\_\_\_\_ Recommend \_\_\_\_\_ Recommend with Reservation \_\_\_\_\_ Not Recommend \_\_\_\_\_

Please provide additional comments below to support your evaluation, or attach as a separate letter.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

ORGANIZATION/INSTITUTION \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

**SUBMIT TO:** Kathleen Long, Ph.D., Dean of Graduate Studies, West Virginia Wesleyan College, 59 College Avenue, Buckhannon, WV 26201

For further information regarding the available programs or application process, contact [gradadmission@wwvc.edu](mailto:gradadmission@wwvc.edu)