

# Recommendation for Graduate Admission



## Part 1—Applicant's Information

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 ask the recommender to seal the recommendation inside an envelope, sign across the seal, and return it to you, and then return the UNOPENED envelopes with your application package; or, the recommender may return the form directly to Graduate Admissions at the address below.

Applicant's Full Name: \_\_\_\_\_

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

Graduate program applying 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:

\_\_\_\_\_ 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 recommender

Name of person making recommendation: \_\_\_\_\_

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

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

In comparison with other students you have taught, or with 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 Judgement
Academic Performance					
Intellectual Ability					
Written Expression					
Oral Expression					
Motivation for Proposed Field of Study					

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

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

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

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

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

TITLE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

ORGANIZATION \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

Submit to: Graduate Admissions, WVWC, 59 College Avenue, Buckhannon, WV 26201 or to gradadmissions@wvwc.edu