



**VALPARAISO UNIVERSITY  
GRADUATE DIVISION**

**RECOMMENDATION FORM**

**APPLICANT:** Please complete this section and give this form to the person making the recommendation, together with a stamped, pre-addressed envelope.

Applicant's Name (print): \_\_\_\_\_

Academic Program (print): \_\_\_\_\_

Recommender's Name (print): \_\_\_\_\_

The Family Education Rights and Privacy Act (20 U.S.C. 1232g) provides you with a right of future access to this recommendation once enrolled as a student. The Act also allows you to waive the right to access, but prohibits the Office of Graduate Studies from requiring you to waive this right as a condition of admission or review and evaluation of an application for admission. If you waive your right to inspect this document, have your recommender enclosed the recommendation in a business envelope, seal, and sign across the back flap before returning it to you or the Office of Graduate Studies.

Please select one of the following options and sign:      I hereby                  waive                  do not waive      my right.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**To the Person Completing this Recommendation Form:**

The above named person has applied for admission to Graduate Studies at Valparaiso University. Your comments and candid evaluation will greatly assist the Office of Graduate Studies in deciding the extent to which the applicant will benefit from and contribute to the Graduate Program. Please send to: **Office of Graduate Studies, Valparaiso University, Valparaiso, Indiana 46383. We sincerely appreciate the time that you take to provide us with your comments.**

**I. How long have you known the applicant and in what capacity?**

\_\_\_\_\_

\_\_\_\_\_

**II. Please rate the applicant's abilities in comparison with others you have known at comparable stages of their careers.**

	Outstanding	Above Average	Average	Below Average	Cannot Assess
Academic Potential					
Motivation for Graduate Study					
Independence of Thought					
Judgment/Maturity					
Creativity/Resourcefulness					
Character					
Ability to Work with Others					
Oral Communication					
Written Communication					

**III. We would appreciate additional comments. Please use the spaces below or separate sheet(s) of paper.**

A. Please describe what you consider to be the candidate's greatest strengths.

---

---

---

---

---

B. Please describe areas in which the candidate would benefit from improvement.

---

---

---

---

---

C. Additional observations about the candidate that could have a bearing on the candidate's ability to succeed in graduate study at Valparaiso University.

---

---

---

---

D. I recommend this candidate highly. \_\_\_\_\_  
I recommend without reservation. \_\_\_\_\_  
I recommend with reservation. \_\_\_\_\_  
I do not recommend this candidate. \_\_\_\_\_

(Please indicate, if possible, the nature of your reservations. Use a separate sheet of paper if necessary.)

---

---

---

If you have questions about this form or other matters that you wish to discuss, feel free to contact the Dean of Graduate Studies (219-464-5313; 800-821-7685).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Institution: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
City State Zip Work Home



**VALPARAISO UNIVERSITY  
GRADUATE DIVISION**

**RECOMMENDATION FORM**

**APPLICANT:** Please complete this section and give this form to the person making the recommendation, together with a stamped, pre-addressed envelope.

Applicant's Name (print): \_\_\_\_\_

Academic Program (print): \_\_\_\_\_

Recommender's Name (print): \_\_\_\_\_

The Family Education Rights and Privacy Act (20 U.S.C. 1232g) provides you with a right of future access to this recommendation once enrolled as a student. The Act also allows you to waive the right to access, but prohibits the Office of Graduate Studies from requiring you to waive this right as a condition of admission or review and evaluation of an application for admission. If you waive your right to inspect this document, have your recommender enclosed the recommendation in a business envelope, seal, and sign across the back flap before returning it to you or the Office of Graduate Studies.

Please select one of the following options and sign:      I hereby                  waive                  do not waive      my right.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**To the Person Completing this Recommendation Form:**

The above named person has applied for admission to Graduate Studies at Valparaiso University. Your comments and candid evaluation will greatly assist the Office of Graduate Studies in deciding the extent to which the applicant will benefit from and contribute to the Graduate Program. Please send to: **Office of Graduate Studies, Valparaiso University, Valparaiso, Indiana 46383. We sincerely appreciate the time that you take to provide us with your comments.**

**IV. How long have you known the applicant and in what capacity?**

\_\_\_\_\_

\_\_\_\_\_

**V. Please rate the applicant's abilities in comparison with others you have known at comparable stages of their careers.**

	<b>Outstanding</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Cannot Assess</b>
Academic Potential					
Motivation for Graduate Study					
Independence of Thought					
Judgment/Maturity					
Creativity/Resourcefulness					
Character					
Ability to Work with Others					
Oral Communication					
Written Communication					

**VI. We would appreciate additional comments. Please use the spaces below or separate sheet(s) of paper.**

E. Please describe what you consider to be the candidate's greatest strengths.

---

---

---

---

---

F. Please describe areas in which the candidate would benefit from improvement.

---

---

---

---

---

G. Additional observations about the candidate that could have a bearing on the candidate's ability to succeed in graduate study at Valparaiso University.

---

---

---

---

H. I recommend this candidate highly. \_\_\_\_\_  
I recommend without reservation. \_\_\_\_\_  
I recommend with reservation. \_\_\_\_\_  
I do not recommend this candidate. \_\_\_\_\_

(Please indicate, if possible, the nature of your reservations. Use a separate sheet of paper if necessary.)

---

---

---

If you have questions about this form or other matters that you wish to discuss, feel free to contact the Dean of Graduate Studies (219-464-5313; 800-821-7685).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Institution: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
City State Zip Work Home