



RECOMMENDATION FORM

VALPARAISO UNIVERSITY

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 School 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 School.

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 School at Valparaiso University. Your comments and candid evaluation will greatly assist the Office of Graduate School in deciding the extent to which the applicant will benefit from and contribute to the Graduate Program. We sincerely appreciate the time that you take to provide us with your comments.

SEND RECOMMENDATION FORM TO:

The Office of Graduate School, Kretzmann Hall Room 116, 1700 Chapel Drive, Valparaiso University, Valparaiso, IN 46383.

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 School (219-464-5313; 800-821-7685).

Signature: _____ **Date:** _____

Title: _____ **Institution:** _____

Address: _____

_____ City State Zip

Phone: (_____) _____ (_____) _____
Work Home



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Work

(_____) _____

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