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 the 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 the 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 the Graduate School at Valparaiso University. Your comments and candid evaluation will greatly assist the Office of the 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:
Office of the 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.

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<th>Excellent</th>
<th>Above Average</th>
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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 the Graduate School (219-464-5313; 800-821-7685).

Signature: _______________________________ Date: _______________________________

Title: _______________________________ Institution: _______________________________

Address: ________________________________________________________________

______________________________________________________________

City State Zip

Phone: (_____)____________________ (_____)____________________

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

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H. I recommend this candidate highly. ________  
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<td>Mastery in major field</td>
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<td>Effectiveness in the classroom</td>
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<td>Creativity or originality in the classroom</td>
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<td>Ability to work with others</td>
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Signature: __________________________________________ Date: ________________________________
Title: __________________________________________ Institution: ________________________________
Address: ________________________________________________________________________________

City __________________________ State ___________ Zip ____________
Phone: (______)____________________ (______)____________________
Work (______)____________________ Home (______)____________________