The Graduate School at Jackson State University
Recommendation Form

(Applicants must fill in the top portion of this form before giving it to the person from whom a letter of recommendation is requested).

Name of Applicant: _________________________________________________   Date: ________________________________

Last                                         First                          MI

Email address: ____________________________________________________

Proposed Graduate Program: __________________________________________       Degree Sought: _________________________


(    )  I waive my right of access of this letter of recommendation.

(    )  I DO NOT waive my right of access to this letter of recommendation.

__________________________________
(Signature of Applicant)

Please fill out the reference form below and send it to, (check one).

(    ) Graduate Admissions Committee   (    ) Graduate Admissions Committee   or (    )
Department of _______________       Department of _______________       School of Health Sciences
P.O. Box ___________________       P.O. Box 23 ___________________       Jackson Medical Mall
1400 J.R. Lynch Street          3825 Ridgewood Road          350 Woodrow Wilson Drive
Jackson State University   Jackson, MS 39211           Jackson, MS 39213
Jackson, MS 39217

Name of person from whom the recommendation is requested: ______________________________________________________

To The REQUESTEE: Comments of the applicant’s character and ability to carry out advanced graduate Research is requested. Compare the applicant to others you have known in this field. If you prefer, you may write a separate letter and attach it to this form.

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<th>CHARACTERISTICS</th>
<th>EXCEPTIONAL</th>
<th>ABOVE AVERAGE</th>
<th>AVERAGE</th>
<th>BELOW AVERAGE</th>
<th>NO BASIS FOR JUDGEMENT</th>
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<td>Writing ability</td>
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<td>Oral Expressions</td>
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<td>Emotional Maturity</td>
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<td>Potential for Professional Growth</td>
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<td>Potential for Graduate Research</td>
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<td>Analytical Skills</td>
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<td>Ability to accept constructive criticism</td>
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Comments: In the space below, please describe in detail the applicant’s ability, and comment on his/her potential as graduate student. Please give views on such matters as previous accomplishments, intellectual independence, research interests, capacity for analytical thinking, ability to work with others, ability to organize and express ideas clearly (orally or in writing), drive, and motivation. If you prefer, you may write a separate letter and attach it to this form.

I have known the applicant for a period of___________ years and/or______ months as (please check all that apply)
- an undergraduate student
- a graduate student
- research /academic advisor
- department chair
- a research assistant
- other ( please specify) ____________________________
- instructor in ________ class (es)
- other ( please specify) ____________________________

POTENTIAL FOR SUCCESS IN PROGRAM
- Outstanding
- Above Average
- Questionable
- I recommend the applicant
- I recommend the applicant with reservations
- I do not recommend the applicant

Name: ___________________________________________ Signature: ___________________________
(Please print or type) Position: ___________________________________________
Institution: ____________________________________ Address: __________________________
Position: ____________________________________ (Street Address) (City/ State) (Zip Code)
Address: ____________________________________ (Street Address) (City/ State) (Zip Code)
Phone: ______________________ e-mail: __________________________
(Include Area Code) (Include Area Code)

Department/ Program: Department of Elementary & Early Childhood Education/ Master of Science Degree In Early Childhood Education Degree Program:

Academic Advisors:

Dr. William Brown
Assistant Professor, Master in Early Childhood Education, Academic Advisor
1400 John R. Lynch Street.
P.O. Box 18380
Jackson, MS 39217
Phone: (601) 979-3412
Email: William.a.brown@jsums.edu

Dr. Stephanie Davidson
Associate Professor, Master in Early Childhood Education, Academic Advisor
1400 John R. Lynch Street.
P.O. Box 18380
Jackson, MS 39217
Phone: (601) 979-0514
Email: stephanie.r.davidson@jsums.edu

We look forward to working with you as you continue your education. Feel free to contact the Department of Elementary & Early Childhood Education if you have additional questions.