

THE GRADUATE SCHOOL AT JACKSON STATE UNIVERSITY

RECOMMENDATION FORM

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

Name of Applicant: _____ Date: _____
Last First MI

e-mail address: _____

Proposed Graduate Program: _____ Degree Sought: _____

Under the provisions of the Family Education & Privacy Act of 1974, (check one),
 I waive my right of access to 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
 Department of _____
 P. O. Box _____
 1400 J. R. Lynch Street
 Jackson State University
 Jackson, MS 39217

or Graduate Admissions Committee
 Department of _____
 3825 Ridgewood Road
 Box 23
 Jackson, MS 39211

or School of Health Sciences
 Jackson Medical Mall
 350 West Woodrow Wilson Drive
 Jackson, MS 39213

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 study and research are 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.

CHARACTERISTICS	EXCEPTIONAL	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGEMENT
Writing Ability					
Oral Expression					
Emotional Maturity					
Potential for Professional Growth					
Potential for Graduate Research					
Analytical Skills					
Perseverance					
Ability to Work with Professional Colleagues					
Ability to Work Independently					
Ability to accept constructive criticism					

(OVER PLEASE)

COMMENTS: In the space below, please describe in detail the applicant's ability, and comment on his/her potential as a 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)

- | | | |
|--|--|---|
| <input type="checkbox"/> an undergraduate student | <input type="checkbox"/> a research assistant | <input type="checkbox"/> a teaching assistant |
| <input type="checkbox"/> a graduate student | <input type="checkbox"/> other (please specify) _____ | |
| <input type="checkbox"/> research/academic advisor | <input type="checkbox"/> instructor in _____ class(es) | |
| <input type="checkbox"/> department chair | <input type="checkbox"/> other (please specify) _____ | |

POTENTIAL FOR SUCCESS IN PROGRAM: <input type="checkbox"/> Outstanding <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Questionable <input type="checkbox"/> I recommend the applicant <input type="checkbox"/> I recommend the applicant with reservations <input type="checkbox"/> I do not recommend the applicant

Name: _____ Signature: _____
(please print or type)

Institution: _____ Position: _____

Address: _____
(Street Address) (City/State) (Zip Code)

Phone: _____ e-mail: _____
(Include Area Code)

Academic College and School Deans, Department Chairs and Graduate Program Coordinators/Directors

PROGRAM/DEPARTMENT

DEAN/CHAIR

P.O BOX#

PHONE*

E-MAIL ADDRESS