



# GRADUATE EDUCATION RECOMMENDATION STATEMENT

## TO BE COMPLETED BY APPLICANT:

Name: \_\_\_\_\_

Schools Attended: \_\_\_\_\_ Degree: \_\_\_\_\_

\_\_\_\_\_ Degree: \_\_\_\_\_

Please check the graduate program in which you plan to enroll:

Education  Educational Administration

Please check the appropriate line concerning your wish to waive or not waive your right of access to this completed form. Your waiver is not required as a condition for admission, receipt of financial aid, or receipt of benefits or other services from Franciscan University of Steubenville.

Waive  Do not waive Signature: \_\_\_\_\_

## TO BE COMPLETED BY A PERSON IN A POSITION TO EVALUATE APPLICANT'S FITNESS FOR ADMISSION TO THE GRADUATE PROGRAM:

1. How long have you known this applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

2. Please complete each of the following evaluative categories by checking the appropriate response on each item and writing supportive comments.

The applicant demonstrates the ability to:

Succeed in a professional graduate program.

Strongly agree  Agree  Disagree  Strongly disagree  Don't know

Supportive Comment: \_\_\_\_\_

\_\_\_\_\_

Interpret verbal material.

Strongly agree  Agree  Disagree  Strongly disagree  Don't know

Supportive Comment: \_\_\_\_\_

\_\_\_\_\_

Apply information to new situations.

Strongly agree  Agree  Disagree  Strongly disagree  Don't know

Supportive Comment: \_\_\_\_\_

\_\_\_\_\_

**The applicant:**

Exhibits active participation in the learning process.

Strongly agree  Agree  Disagree  Strongly disagree  Don't know

Supportive Comment: \_\_\_\_\_

\_\_\_\_\_

Exhibits willingness to exceed maximum expectations.

Strongly agree  Agree  Disagree  Strongly disagree  Don't know

Supportive Comment: \_\_\_\_\_

\_\_\_\_\_

Exhibits sensitivity to the needs of minority and handicapped youth.

Strongly agree  Agree  Disagree  Strongly disagree  Don't know

Supportive Comment: \_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Position or Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

**PLEASE RETURN THIS FORM TO THE GRADUATE EDUCATION OFFICE.**

**(Fax and E-mail versions accepted)**

Franciscan University of Steubenville

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