



PROFESSIONAL RECOMMENDATION FORM

Name of Applicant: _____
(Last) (First) (M I)

The person named above has applied for admission to the Graduate Program in Higher Education. We would appreciate your opinion of his/her potential. Please answer the following questions to assist us in judging this applicant for the purpose stated. Information concerning the applicant's academic capabilities based upon past performance, and your estimate of the applicant's research potential as a candidate for an advanced degree, would be especially helpful. Please mail this form directly to the Higher Education Program at the above address.

The Family Educational and Privacy Act of 1974 opens many student records for the student's inspection. The law also permits the student to sign a waiver relinquishing his/her rights to inspect letters of recommendation. The applicant's signature below constitutes a waiver; no signature means the student will have the right to read this reference.

Date: _____ **Signature:** _____

1. How well and under what conditions have you known the applicant?
2. What is your estimate of the applicant's promise as a graduate student and as a professional in the field of higher education? The Higher Education Program welcomes your views on such matters as previous accomplishments, intellectual independence, capacity for analytical thinking, ability to organize and express ideas clearly (both orally and in writing), drive and motivation, potential for teaching, administration, and research. (Attach additional pages, if needed.)

3. Where would you rank the applicant among other individuals in comparable positions for the amount of professional growth he/she has demonstrated?

lowest
quarter

third
quarter

second
quarter

first
quarter

top 10%

top 5%

4. I (check appropriate statement below) that the applicant be admitted to the Higher Education Program at The Pennsylvania State University.

_____ strongly recommend

_____ recommend

_____ recommend with some
reservation

_____ DO NOT recommend

5. Comments:

Signature: _____ Date: _____

Name: _____
(Please print or type)

Position: _____

Address: _____

Telephone: _____