



AUSTIN PEAY STATE UNIVERSITY

Recommendation Form for Admission to the College of Graduate Studies

Please note: This form cannot be used for the Educational Leadership Studies Program.

This recommendation should be completed by the applicant's academic advisor or other appropriate person who has adequate knowledge of the academic potential of the applicant. The completed form should be sent directly to the following address by the person making the recommendation:

Graduate Admissions
Austin Peay State University
P.O. Box 4458
Clarksville, TN 37044

This section to be filled out by applicant:

Applicant's Name: _____

Alternate or Previous Names: _____
(If you have a maiden or former name, please include it here in order to facilitate admissions processing.)

Applicant's APSU ID or Date of Birth: _____

The Family Education Rights and Privacy Act of 1974 provides access to educational records and permits the candidate the right to review and inspect this evaluation and to challenge its contents. The Act also permits the candidate to waive his/her right of access to confidential statements obtained with respect to an application for admission or employment, and the candidate may do so by signing the waiver below.

I, _____, hereby waive my right of access to inspect and
Please enter your name here
review the evaluation requested from _____.
Please enter the name of the person making the recommendation here.

Signature of Student

Date

This section to be filled out by the person making the recommendation:

Name of person making recommendation: _____

Position: _____ Institution: _____

Location of Institution: _____
City State ZIP Telephone #

How long and in what capacity have you known this applicant? _____

STUDENT NAME: _____

Please rate the applicant on each of the dimensions that follow. Indicate the comparison group you have used to make your ratings:

- _____ undergraduate majors
- _____ students enrolled in terminal masters program
- _____ other (please specify: _____)

	Top 5%	Top 10%	Top 25%	Top 50%	Bottom 50%	No Basis for Rating
intellectual ability						
analytical ability						
creative ability						
knowledge of subject matter						
ability to speak						
ability to write						
ability to work independently						
ability to work with others						
ability to take direction						
potential as a teacher						
potential as a professional						
potential as a researcher						

Either in the space provided or in a separate letter, please comment on the applicant's experiences and capabilities which are relevant to the program to which he or she has applied. Also, please comment on any weaknesses you are aware of that may prevent the applicant from being successful in the desired program.

Signature: _____ Date: _____