



Office of Graduate Studies and Extended Education
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LETTER OF RECOMMENDATION

TO BE COMPLETED BY APPLICANT

Name (print) _____
Last First M.I. Former * Social Security #

Proposed Program/Curriculum _____ Degree Sought _____

Under the Family Educational Rights and Privacy Act of 1974, students enrolled at West Chester University have access to their educational records, including letters of recommendation. However, students may waive their right to see letters of recommendation, in which case the letters will be held in confidence. If the applicant has not signed a waiver, he or she may request to see the letter after enrolling in the graduate program. If you wish to waive your right to examine the recommendation letter submitted by the person to whom this form is being given, please sign here:

Signature of Applicant _____

Date _____

TO BE COMPLETED BY THE EVALUATOR

If you wish to provide a written statement, in addition to providing the information below, please attach a separate sheet.

How long and in what capacity have you known the applicant? (For example, as a classmate, co-worker, employer, etc.)

In evaluating this applicant, with what reference group are you making comparisons? (For example, teachers, classmates, co-workers, etc.)

Keeping in mind your reference group, please indicate where the applicant would rank in each of the categories below.

	Lowest 50%	Next Highest 30%	Next Highest 10%	Highest 10%	Unable to Rate
Knowledge in subject of proposed study					
Ability to learn					
Originality, intellectual creativity					
Mathematical ability					
Logical/analytical ability					
Written expression					
Oral expression					
Laboratory skills (if applicable)					
Perseverance toward goals					
Potential as a teacher (if applicable)					
Potential in research					
Management potential**(if applicable)					

Recommended enthusiastically _____
 Recommended with confidence _____
 Recommend _____
 Recommend with reservation _____
 Not recommended _____

Signature: _____
 Name (print): _____
 Title/Dept.: _____
 Institution: _____
 Address: _____
 City/State/Zip: _____

* Providing your SS# is optional. The University uses it for ID purposes only.

** M.B.A. program applicants require a brief statement (on letterhead stationery) evaluating the applicant's potential as a manager.

M.S.A. program applicants require a statement in addition to this form (on letterhead stationery) evaluating the applicant's potential as a manager.