

## RECOMMENDATION FORM

PART	TO BE COMPLETED BY THE A	APPLICANT SO	SOC. SEC. NO. $\underline{X} \underline{X} \underline{X} - \underline{X} \underline{X} - \underline{X} \underline{X}$					
A			(last 4 digits)					
NAME (1	Print) Last	First	Middle					
Degree:	Associates	Masters	Second Degree					
I agree that the recommendation I am requesting shall be held in confidence by officials of Salisbury University, and I hereby waive any rights I may have to examine it.  YES  NO								
	of applicant:		Date:					

SUMMARY EVALUATION	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE Next 25%		UNUSUAL	OUTSTANDING	TRULY EXCEPTIONAL	Inadequate Opportunity
Applicant's promise as a graduate student in comparison with others of similar age and experience	Lowest 40%	Middle 20%			Next 5%	Almost Top 5%	Top 5%	to Observe
Research aptitude								
Intellectual potential								
Ability to work with others								
Creativity and imagination								

Self

Not Recommended Recommended with some reservations		Recommended			Highly Recommended						

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## TO BE COMPLETED BY THE RECOMMENDER

How long and in what capacity have you known the applicant?

We would appreciate your assessment of the applicant's scholarship, personality, character and professional promise. Please include in the statement an assessment of strengths and weaknesses. If additional space is needed, please feel free to use a separate sheet. If you prefer, you may write the entire statement on your own.

**STATEMENT:**