

PERSONAL RECOMMENDATION

Directions To Applicant: Enter your name, intended degree program, and check and sign the Privacy Act Waiver Option before giving this form to a faculty member you are asking to recommend you. It is considerate to provide him/her with a stamped envelope addressed to:

Graduate Division
STATE UNIVERSITY COLLEGE AT ONEONTA
Oneonta, New York 13820

Name _____

Applicant to _____ program in _____ Beginning _____ 20____
(M.A., M.S. in Ed.)

PRIVACY ACT WAIVER OPTION

Under the provisions of the Family Education Rights and Privacy Act of 1974:

_____ I waive access to this Personal Recommendation: **OR**

_____ I do not waive access to this Personal Recommendation

APPLICANT'S SIGNATURE _____ Date _____

Directions to Recommender: The State University College at Oneonta will appreciate your statements concerning this candidate for admission to graduate study. Please type if possible; otherwise use ball point pen and press firmly. No carbon paper is required.

1. How well and under what conditions have you known the applicant? (If you do not know the student well, please feel free to say so and merely to supply grades in your courses or other pertinent information from your records. Such frankness will not prejudice the candidate's chances of admission.)

2. What is your estimate of the applicant's promise as a graduate student? Oneonta welcomes your view on such matters as previous accomplishments, intellectual independence, capacity for analytical thinking, ability to organize and express ideas clearly (orally and in writing), drive and motivation.

3. Do you know of any problems related to character and responsibility which should be considered by an admissions committee?

4. Where would you rank this individual among your other students in comparable fields in recent years?
_ Bottom Quarter _ Third Quarter _ Second Quarter _ First Quarter _ Top 10% _ Top 5%

5. My recommendation for admission of this individual to the above graduate program is (check one): _ strongly recommend, _ recommend, _ recommend with some reservation, _ do not recommend.

Signature: _____ Name _____

Date: _____ Title: _____

Department: _____ Institution: _____

THANK YOU FOR COMPLETING THIS RECOMMENDATION FORM