



REQUEST FOR RECOMMENDATION

SECTION 1 – (To be completed by applicant)

Applicant Name: _____

Graduate Program Applying To: _____

Applicant’s Statement: I am aware that under the Family Educational rights and Privacy Act of 1974, I am not required to, but may voluntarily waive my right to have access to confidential letters and statements of recommendation submitted to Park University in support of my application to the School of Graduate Studies. The giving of a waiver shall not be regarded as a condition for admission to or receipt of any other services or benefits from Park University.

I hereby **do / do not** waive my right to access the information recorded below.

Signature of Applicant

Date

SECTION 2 – (To be completed by recommender)

The applicant and review committee appreciate your completing this form and returning it at your earliest convenience to:

Park University Graduate School
911 Main, Suite 900
Kansas City, MO 64105
(816) 559-5625
Fax (816) 472-1173

A letter may be submitted, either in addition to or in place of this form, if desired. Please staple to this form.

KNOWLEDGE OF THE APPLICANT

1. Approximately how long have you known the applicant? _____ Years _____ Months

2. How well do you know the applicant? Casually Well Very Well

3. What was the nature of your contact with the applicant?

Employer Supervisor Teacher Other (specify) _____

APPLICANT'S POTENTIAL AS A GRADUATE STUDENT

1. Please check the appropriate boxes below:

	Exceptional	Above Average	Average	Below Average	Poor	No Information
Creativity						
Intellectual Ability						
Initiative and Motivation						
Analytical Ability						
Emotional Maturity						
Ability to Exchange/ Share Ideas						
Writing Ability						
Oral Expression						
Perseverance toward Goals						
Ability to Work with Others						

2. Please comment on any of the items rated above or any other relevant abilities which you have knowledge (e.g. capability for graduate study, evidence of leadership and managerial potential).

3. In summary, I would give the following recommendation:

very strong strong average recommendation with reservation no recommendation

Name

Position

Signature

Institution

Date

Address