RECOMMENDATION FORM

Name of applicant: __________________________________________________________

Graduate Program desired: ____________________________________________________

Family Education Rights and Privacy Act (FERPA) (Buckley Amendment)

Under the provision of this Act you have the right, if you enroll in Wilkes, to review your education record. The Act further provides that you may waive your right to see recommendation for admission. Please indicate below, by circling the appropriate phrase and signing your name, whether or not you wish to waive that right.

I    do not waive    waive any right that I have to this recommendation form.

Applicant's signature ________________________________ Date ______________________

To person completing this recommendation:

Your assessment to the candidate's potential for graduate work is desired. Use the reverse side if additional space is required. Please evaluate the applicant on the scale below in comparison with others you have known during your professional career.

Intelligence

Originality & Creativity

Motivation & Perseverance toward goals

Maturity

Ability to work independently

Overall potential for graduate study

Name of Respondent (type or print): ______________________________________________

Position or Title: ____________________________ Employer: ________________________

Telephone: __________________________________________________________________

Address: _____________________________________________________________________

Signature of Respondent: ____________________________ Date: _____________________

Highly Recommend    Recommend    Recommend with reservation    Not Recommend

Wilkes does not discriminate on the basis of race, color, national or ethnic origin, or handicap in the administration of its educational programs and activities in accordance with applicable federal statutes and regulations. Inquiries concerning application to this policy should be directed to the Affirmative Action Officer.

Please use reverse for comments.