

# Recommendation Form

## To submit the Recommendation Form:

1. Upload it to your online SNU application.  
OR
2. Email it to shardy@snu.edu.

## PART I: TO BE COMPLETED BY THE APPLICANT

**APPLICANT'S NAME:** \_\_\_\_\_

**DEGREE/PROGRAM:** \_\_\_\_\_

Pursuant to the Family Educational Rights and Privacy Act of 1974, applicants to Southern Nazarene University may either waive or reserve their right to see this confidential evaluation after it has been completed. Please indicate your choice below before submitting this form to be completed.

I waive the right to see this evaluation form after it has been completed.

I reserve the right to see this evaluation form after it has been completed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

In compliance with Section 504 of the rehabilitation Act of 1973, those providing letters of recommendation are asked not to refer directly or indirectly to an applicant's handicap or physical disability.

## PART II: TO BE COMPLETED BY THE RECOMMENDER

To the Recommender: In considering applicant for a graduate program, particular emphasis is placed on the comments from people with whom the applicant is personally acquainted. We appreciate the difficulty of furnishing meaningful and candid appraisals, and we are very grateful for your contribution to our admission process. We typically find that a recommendation that presents a balanced view of an applicant's abilities and other attributes is most helpful. This form is intended to present information about the applicant. Please supplement it in whatever way you feel is appropriate.

**Recommender's Name:** \_\_\_\_\_

**Position or Title:** \_\_\_\_\_ **At:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**How long have you known the applicant?** \_\_\_\_\_

**In what relationship?** \_\_\_\_\_

(please complete both sides of form)

**PART II: continued**

## RATINGS OF ABILITIES AND KNOWLEDGE

Please list the three (3) areas of greatest strength you believe the applicant has to contribute to successful graduate study.

Please list the three (3) areas of greatest weakness that you believe could preclude the applicant from succeeding in graduate work or in his/her vocation.

Please list the three (3) characteristics that seem most typical of this applicant.

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Use the following rating scale to indicate your assessment of the applicant's management of abilities, skills, and knowledge.

- 9-10 **Exceptional** abilities and/or potential – strongly recommend  
7-8 **High abilities** and/or potential – recommend  
5-6 **Moderate** to average abilities and/or potential – recommend with reservations  
3-4 **Below average** abilities and/or potential – do not recommend  
0-2 **Very poor** abilities and/or potential – do not recommend  
NA **Not aware** of abilities in described area

1. \_\_\_\_\_ Moral reasoning abilities and commitment to Christian ethics and value system
2. \_\_\_\_\_ Social adjustment
3. \_\_\_\_\_ Emotional stability
4. \_\_\_\_\_ Ability to analyze and critically assess relevant solutions to problem situations
5. \_\_\_\_\_ Ability to take initiative and effectively get things accomplished
6. \_\_\_\_\_ Personal motivation level
7. \_\_\_\_\_ Ability to motivate other individuals
8. \_\_\_\_\_ Written communication skills
9. \_\_\_\_\_ Oral communication skills, both in groups and with individuals
10. \_\_\_\_\_ Non-verbal communication skills
11. \_\_\_\_\_ Overall assessment of abilities
12. \_\_\_\_\_ Prediction of graduate success

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I strongly recommend that this student be admitted to graduate study.

I recommend that this student be admitted to graduate study.

I recommend with some reservation that this student be admitted to graduate study.

My reservations are: \_\_\_\_\_

I do not recommend that this student be admitted to graduate study.

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Signature

Date

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