

## Graduate Recommendation Form

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**Applicant, please print or type the following information:**

Name of Candidate \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Desired Graduate Program \_\_\_\_\_

Name of Evaluator \_\_\_\_\_ Position/Institution \_\_\_\_\_

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### **Evaluator:**

Complete the following prompts and, along with your letter of recommendation, return the completed documents one of the following ways: 1) email as a saved .pdf to [gradschl@up.edu](mailto:gradschl@up.edu), 2) mail a printed document to the address above, or 3) upload your document via SENDedu. All recommendation letters must be signed and submitted by the recommender to be considered valid.

***Based on your direct observation of the applicant (as an academic instructor/professional supervisor or in relation to the applicant's experience with children/youth), please evaluate the applicant's preparation, intelligence, originality, research skills, and other pertinent qualities.***

Summary rating:  Excellent  Above Average  Average  Below Average  Poor

Name of Evaluator\* \_\_\_\_\_ Date \_\_\_\_\_  
*\* If you are submitting this form electronically, printed name serves as your signature.*

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