



**WILKES UNIVERSITY
GRADUATE STUDIES**

Please send this form to:

**Student Services
Wilkes University
84 West South Street
Wilkes-Barre, PA 18766**

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 waive do not 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.

	Top 10% Outstanding	Top 20% Superior	Top Third Above Average	Middle Third Average	Bottom Third Below Average	Unable to Judge
Intelligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality & Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation & Perseverance toward goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall potential for graduate study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Respondent (type or print): _____

Position or Title: _____

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.