LETTER OF RECOMMENDATION

Mississippi State University
Domestic Graduate

APPLICANT: In order for your application to be processed, you must provide the information requested below before giving this form to the person recommending you. If the recommendation will be submitted on a separate sheet, please attach this form.

REQUEST FOR EVALUATION:

Name of Applicant: Mr. ☐ Ms. ☐ Mrs. ☐ Full Name: _____
Last -Family First-Given Middle or Maiden

Social Security Number: _____ Date of Birth* (MM/DD/YYYY): _____

Degree you wish to seek: _____ Major you wish to study: _____

Semester / Term you wish to enter: ☐ Fall ☐ Spring ☐ Summer Year _____

Waiver of Access: I agree that this recommendation will remain confidential. I will not be able to see or obtain copies of this evaluation.
Signature of Applicant (Optional) _____

1. How well do you know the applicant? How long have you known the applicant and in what capacity?

2. Give your opinion of the applicant's qualifications to do graduate work in his/her field.

Please complete the following.

	Exceptional	Above Average	Average	Below Average	No Basis for Judgement
Intellectual Ability					
Writing Ability					
Speaking Ability					
Knowledge of Proposed Area of Study					
Motivation					
Emotional Stability					
Ability to Work Independently					
Teaching Ability					

	Doctoral Program	Master's Program	Other (Please Specify)
I would strongly recommend for			
I would recommend for			
I would recommend with reservations for			
I would not recommend for			

Indicate applicant's promise for success in a graduate program. ( ) Outstanding ( ) Above Average ( ) Average ( ) Poor ( )

SIGNATURE DATE INSTITUTION

NAME (please print or type) TITLE ADDRESS