

Recommendation for Graduate Admission



Part 1—Applicant's Information

INSTRUCTIONS TO THE APPLICANT: Complete Part 1 of this form and give a copy to each person who will write a recommendation for you. Please ask the recommender to seal the recommendation inside an envelope, sign across the seal, and return it to you, and then return the UNOPENED envelopes with your application package; or, the recommender may return the form directly to Graduate Admissions at the address below.

Applicant's Full Name: _____

If records may appear under a different name, please enter the name: _____

Graduate program applying to: _____

Under the Federal Family Educational Rights and Privacy Act of 1974, as amended (PL 93-380), students are entitled to review their records, including letters of recommendation. It is your option to waive your right of access to this recommendation, or decline to do so.

Check one of the following statements:

_____ I WAIVE my right of access to this recommendation. _____ I DO NOT waive my right of access to this recommendation.

APPLICANT'S SIGNATURE: _____ DATE: _____

Part 2- Recommendation information to be completed by recommender

Name of person making recommendation: _____

How long have you known the applicant? _____

In what capacity? _____

In comparison with other students you have taught, or with other employees you have worked with or supervised, how do you rate the applicant on the following characteristics? Please check the appropriate box.

	Below Average	Average	Good	Excellent	No Basis for Judgement
Academic Performance					
Intellectual Ability					
Written Expression					
Oral Expression					
Motivation for Proposed Field of Study					

Please indicate the confidence in which you would or would not recommend the applicant for admission to this graduate program:

Highly Recommend _____ Recommend _____ Recommend with Reservation _____ Do Not Recommend _____

Please provide additional comments below to support your evaluation or attach as a separate letter.

SIGNATURE _____ DATE _____

TITLE _____ EMAIL ADDRESS _____

ORGANIZATION _____ BUSINESS PHONE _____

Submit to: Graduate Admissions, WVWC, 59 College Avenue, Buckhannon, WV 26201 or to gradadmissions@wvwc.edu