

LETTER OF RECOMMENDATION
 COLLEGE OF GRADUATE STUDIES, TENNESSEE TECHNOLOGICAL UNIVERSITY
 BOX 5012 COOKEVILLE, TENNESSEE 38505

APPLICANT: By submitting this request for a recommendation, you agree Recommender may release educational records necessary to complete the recommendation for TTU's Graduate School. In addition, you

waive

do not waive

the right to inspect and review letters and statements of recommendation.

Please PRINT or TYPE your name and degree intent and supply the recommender with a stamped envelope addressed to the TTU College of Graduate Studies, P.O. Box 5012, Tennessee Technological University, Cookeville, TN 38505.

Applicant's Name _____ Student ID Number _____
Last or Family Name First Middle or Maiden

Degree Sought: _____ Major: _____

Recommender:

Please give your opinion of the above listed applicant's ability to successfully complete a program of graduate study at Tennessee Technological University. This form should not be returned to the applicant, but should be mailed directly to the Graduate School.

How many years have you known the applicant? _____ In what capacity? _____

Please indicate in the scale at the right your opinion of the following characteristics of the applicant:

- Scholarship – Quality of Work
- Dedication and Determination
- Integrity and Dependability
- Interpersonal Skills
- Attitude
- Leadership

Superior	Above Average	Average	Below Average	Inferior	Unknown

Please provide an additional assessment of the applicant's potential for success in graduate school. Include any particular strengths and/or weaknesses. We will appreciate your candid appraisal. Use back of form if necessary.

Recommendation for Admission Highly Recommended

Positively Recommended