

**ENGLISH MASTER'S DEGREE PROGRAM
RECOMMENDATION FORM**



PART A: TO BE COMPLETED BY THE APPLICANT	
Name (Print)	
Proposed Graduate Department or Program: ENGLISH	Degree:
I agree that the recommendation I am requesting shall be held in confidence by officers of Salisbury University and I hereby waive any rights I may have to examine it. Yes No	
Signature of Applicant:	Date:

PART B: TO BE COMPLETED BY THE RECOMMENDER							
SUMMARY EVALUATION APPLICANT'S PROMISE AS A GRADUATE STUDENT IN COMPARISON WITH OTHERS OF SIMILAR AGE AND EXPERIENCE.	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	UNUSUAL	OUT-STANDING	TRULY EXCEPTIONAL	INADEQUATE OPPORTUNITY TO OBSERVE
	Lowest 40%	Middle 20%	Next 25%	Next 5%	Almost Top 5%	Top 5%	
Research aptitude							
Intellectual potential							
Ability to work with others							
Creativity and imagination							
Maturity							
Self-confidence							
Communication skills: oral							
Communication skills: written							
Ability to analyze a problem and formulate a solution							
Motivation for proposed program of study							
Potential as a teacher							
Potential for career advancement							

PLEASE INDICATE THE STRENGTH OF YOUR OVERALL ENDORSEMENT BY PLACING AN 'X' ALONG THE SCALE.

Not Recommended		Recommended with some reservation		Recommended		Highly Recommended			

PART B: TO BE COMPLETED BY THE RECOMMENDER

How long and in what capacity have you known the applicant?

We would appreciate your assessment of the applicant's scholarship, personality, character, and professional promise. Please include in the statement an assessment of strengths and weaknesses. If additional space is needed, please feel free to attach a separate sheet. If you prefer, you may write the entire statement on your own stationery.

Signature

Please print
last name

Date

Position

Dept/Agency

Address

PLEASE MAIL DIRECTLY TO:

Dr. John Kalb, English Graduate Director, Salisbury University, 1101 Camden Avenue, Salisbury, Maryland 21801