

RECOMMENDATION FORM

GRADUATE PROGRAM IN HISTORY

SALISBURY UNIVERSITY

PART A: TO BE COMPLETED BY THE APPLICANT

Name (Print) Last First Middle Initial

I agree that the recommendation I am requesting shall be held in confidence by officials of Salisbury University, and I hereby waive any rights I may have to examine it.

Yes No

Signature of Applicant and Date

PART B: TO BE COMPLETED BY THE RECOMMENDER

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

Your assessment of the applicant's scholarship and professional promise would be appreciated. In your statement, please include an appraisal of both strengths and weaknesses. If additional space is required for your comments, please use the reverse of this sheet or attach another sheet.

ASSESSMENT:

Signature Print Last Name

Position at

Address and Date

PLEASE SEAL ENVELOPE AND WRITE YOUR NAME ACROSS THE SEALED FLAP. MAIL DIRECTLY TO THE HISTORY DEPARTMENT, Salisbury University, Salisbury, MD 21801