

Letter of Recommendation Form

TO BE COMPLETED BY THE APPLICANT

Applicant's Name: _____

Mailing Address: _____

Telephone Number: _____ **Email:** _____

Major/Area of Study (Check one.) Curriculum Leadership Higher Education

Semester you are applying: _____ **of** _____ **(year)**

Please Mail or Fax Reference to:

Office of Admissions
Columbus State University
4225 University Avenue
Columbus, GA 31907-5645
Fax # 706-568-2462

Under the provisions of the Family Educational Rights and Privacy Act of 1974, you may decide whether letters of reference written at your request are to be held confidential or whether they are to be available for your personal inspection. Check one of the following statements and place your signature in the space provided so that the referee will be advised of your choice.

- Confidential file.** I grant permission for this letter of recommendation to be held confidential by Columbus State University.
- Open file.** I retain the choice of having letters of reference available to me.

Signature of Applicant

TO BE COMPLETED BY INDIVIDUAL RECOMMENDING THE APPLICANT

You may wish to make additional comments by letter. If so, please attach your letter to this form so that the department may identify the applicant’s choice with respect to the right of access under the Family Educational Rights and Privacy Act. Please note that while the applicant may have waived his/her right of access under the Family Educational Rights and Privacy Act, in some circumstances this letter may be subject to disclosure under the provisions of the Georgia Open Records Act. **Please mail or fax this recommendation form directly to Columbus State University Office of Admissions as noted above.**

1. Knowledge of Applicant

Approximately how long have you known this applicant? _____

How well do you feel you know this applicant? Casually Well Very Well

What was the nature of your contact(s) with this applicant?

Teacher Major Advisor Employer Other _____

2. Evaluation

In comparison with other individuals who have the same amount of experience and training, I rate this person as follows:

	Top 5%	Top 10%	Top 20%	Upper 50%	Unable To Rate
Knowledge of proposed major/area of study					
Ability to grasp new concepts					
Originality (Intellectual creativity)					
Mathematical and logical thought					
Written expression					
Oral expression					
Human relation skills					
Perseverance toward goals					
Ethical dispositions					
Potential as a counselor (if applicable)					
Potential as an educational leader (if applicable)					

3. Recommendation

Considering this applicant’s academic records, special abilities, ambition, and determination, please indicate your recommendation:

Recommend Strongly Recommend Recommend with Reservation Cannot Recommend

