

Letter of Recommendation

for Graduate Assistantship, Northwest Missouri State University

I. APPLICANT INFORMATION

To be completed by the applicant. Please print or type

LAST NAME FIRST NAME MIDDLE STUDENT ID (919) SOCIAL SECURITY NUMBER

Please indicate the degree and program you are seeking.

DEGREE PROGRAM

I agree that the recommendation I am requesting shall be held in confidence by officials at Northwest Missouri State University, and I hereby waive any rights I might have to examine it.

Yes No

APPLICANT'S SIGNATURE

DATE

II. REFERENCE INFORMATION

To be completed by the reference. Please print or type

REFERENCE NAME

POSITION OR TITLE

INSTITUTION

ADDRESS

WORK PHONE

HOME PHONE

Please return this form directly to:

Graduate Office
Northwest Missouri State University
800 University Drive
Maryville, MO 64468-6001

III. RECOMMENDATION

Please rate the applicant according to the following scale:

5 = outstanding

4 = excellent

3 = very good

2 = good

1 = fair

0 = poor

n = no basis for judgment

_____ Intellectual capability

_____ Ability to express thoughts in writing

_____ Teaching ability (if known)

_____ Motivation

_____ Ability to express thoughts orally

_____ Maturity

_____ Overall ability

Please indicate how long and in what capacity you have known the applicant.

We would appreciate your evaluation of the applicant's past work and overall potential for doing graduate work.

The checklist above may be useful in suggesting areas on which to comment. Use reverse side or second sheet if necessary.