

**Youngstown State University  
School of Graduate Studies**

**RECOMMENDATION**

**To the Applicant:** Three professional recommendations (i.e., from supervisors, instructors, colleagues) are required of applicants for either a Graduate Assistantship or for admission to certain graduate programs. Fill in the top section and then forward this form to the individual who will make the recommendation. You are not required to sign the Applicant's Waiver statement.

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Program: \_\_\_\_\_ Applying for: Admission Assistantship

**Applicant's Waiver of Right of Access to Confidential Statement:** I hereby freely and voluntarily waive my right of access to any information contained on this recommendation form and agree that the statement shall remain confidential.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To the Person Recommending the Applicant:** Both the applicant and the YSU School of Graduate Studies will appreciate your completing this form and returning it as soon as possible. Please use the reverse side if additional space is needed. Because of federal legislation allowing students to have access to educational records, we cannot guarantee the confidentiality of your statement unless the applicant has signed the waiver printed above.

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

\_\_\_\_\_

2. How would you rank the applicant compared with others of the same academic level in the following characteristics?

	Top 10%	Next 20%	Middle 40%	Next 20%	Bottom 10%	Don't Know
General Intelligence						
Knowledge of Field						
Maturity and Emotional Stability						
Industry and Work Habits						
Ability of Self-Expression						
Imagination and Creativity						
Initiative and Enthusiasm						

3. What is your evaluation of the applicant's overall ability and motivation to succeed?

4. If the student has indicated that he/she is applying for a graduate assistantship, please give your opinion about how effective he/she would be if assigned teaching and/or research duties.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Title or Position

\_\_\_\_\_  
Field or Organization

\_\_\_\_\_  
Date

Return completed form to: Dean, School of Graduate Studies  
Youngstown State University  
Youngstown, OH 44555-3091