

Revised September 2017

## Recommendation Form

our Last Name First N	ame	MI	Maid	en Nam	ie S	SN or Studen
cording to FERPA of 1974, ncerning them, unless that right and all rights to inspect and revi	is waived	d. Therefore	, signing	is opti	onal. <i>I l</i>	hereby waive
ference to remain confidential be	tween NS	U and the re	ecomme	nder.		
gnature of Applicant			Date			
udent's Major and Concentration	(if applica	able):				
Diagon and this form to the name	on weiting	the recenn	aandatia	n 1		
Please send this form to the person	on writing	the recomm	Teriuatio	11.)		
II. This section is to be comp	leted by	the recomr	nender.			
-	_					
Please rate the applicant on t	he follow	ving items.				
		Excellent	Good	Fair	Poor	No Basis for Judgment
Academic ability						
Intellectual capacity						
Oral communication skills						
Writing communication skills						
Originality, creativity						
Ability to solve problems; make	decisions					
Potential for conducting research						
Work ethic and responsibility						
Independence/initiative						
Professionalism						
Motivation for graduate study						
Comments (Please address chara applicant's background to do gra					ic ability	related to th
(Please add additional comments/informa	ation on bac	k of form or su	bmit addit	ional pag	es.)	
How long have you known the appli	cant and in	n what capaci	ty?			
Name (Please Print)				Title_		
Address					1 "	
		Telephone #				
Signature						

Please return the form to: **The Graduate School, Northwestern State University, 123 Caspari Hall, Natchitoches, LA 71497: or Fax to 318-357-5019**