A. **APPLICANT:** Complete this section. You must sign the appropriate section below waiving or retaining your right to review the completed recommendation form.

**APPLICANT:**

Name: __________________________

Program: ___ Journalism   ___ Public Relations
___ Journalism (Business journalism emphasis)
___ Journalism (Literary journalism emphasis)
___ Public Relations (Business emphasis)
___ Public Relations (Communication emphasis)
___ Public Relations (Public Affairs emphasis)
___ Public Relations (Sport Communication emphasis)
___ Joint Degree (Journ/PR & CICS)

**EVALUATOR:**

Name: __________________________

Title: __________________________

Department: ____________________

Institution: _____________________

City, State, ZIP: ____________________

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**The Family Education and Privacy Act of 1974 opens many student records for the student's inspection. The law also permits the student to sign a waiver relinquishing his or her rights to inspect letters of recommendation. The student's signature below indicates the choice.**

I hereby waive my rights of access to the information recorded below or I do NOT waive my right of access to the information recorded below:

Signature of applicant Date Signature of applicant Date

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B. **EVALUATOR:** Under the provisions of the Family Educational Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided unless he or she has waived such access.

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

2. Rate the applicant in comparison with the approximately ____ students you have known at this level (e.g., graduating seniors, M.A. students, employees) in the applicant's discipline. These ratings should complement but not replace your comments below.

<table>
<thead>
<tr>
<th></th>
<th>Truely Exceptional (Top 1%)</th>
<th>Outstanding (Top 5%)</th>
<th>Excellent (10%)</th>
<th>Very Good (Top 25%)</th>
<th>Above Average (Top 50%)</th>
<th>Below Average (Lower 50%)</th>
<th>Unable to Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual potential</td>
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<tr>
<td>Ability to plan and conduct research</td>
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<td>Creativity and originality</td>
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<td>Knowledge in chosen field</td>
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<td>Ability to work independently</td>
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<td>Teaching potential</td>
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<td>Motivation for graduate study</td>
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<td>Overall potential for graduate study</td>
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</tbody>
</table>

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C. **EVALUATOR:** Indicate the strength of your overall rating by placing an “X” along the following scale:

<table>
<thead>
<tr>
<th>Highly recommended</th>
<th>Recommended</th>
<th>Recommended with some reservations</th>
<th>Not recommended</th>
</tr>
</thead>
</table>

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D. **EVALUATOR:** Please comment specifically on the applicant’s strengths and limitations for graduate study. Attach an additional sheet.

Signature __________________________ Date __________________________

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