

Applicant Recommendation

(TWO RECOMMENDATIONS REQUIRED; PLEASE COPY THIS FORM).
RETURN FORM IN SEALED ENVELOPE TO THE ADDRESS BELOW.

To be completed by applicant. Please print or type.

Term you wish to enroll: Fall Spring 1st Summer Session 2nd Summer Session Year: _____

Name _____
LAST NAME FIRST NAME MIDDLE NAME

Maiden Name, if applicable _____ Social Security no. _____

I agree that the recommendation I am requesting shall be held in confidence by officials of Furman University and I hereby waive any rights I may have to examine it. Yes No

Applicant's Signature: _____ Date: _____

To be completed by person offering recommendation.

How long and in what connection have you known the applicant? _____

Please rate the applicant for graduate study in education based on the following:

	High 1 <small>(top 10%)</small>	Above Average 2 <small>(top 25%)</small>	Average 3 <small>(middle 50%)</small>	Low 4 <small>(bottom 25%)</small>	No Basis for Judgment
Performance as a teacher					
Professional attitude					
Perseverance toward goals					
Interest in professional growth					
Ability to work with others					
Ability to think logically and analytically					
Enthusiasm for learning and teaching					
Originality and intellectual curiosity					
Maturity (poise, self-control, flexibility)					
Judgment and common sense					
Integrity					
Written expression					
Oral expression					
Skill in use of educational technology					
Leadership potential					

(GS1) Recommended highly Recommended Recommended with reservation Not recommended (See back)



