

ALABAMA STATE UNIVERSITY THE HAROLD LLOYD MURPHY GRADUATE SCHOOL P. O. BOX 271 MONTGOMERY, AL 36101-0271

RECOMMENDATION FORM

Section I: TO BE COMPLETED BY APPLICANT. **APPLICANT:** Please fill in the information listed below before giving this form to the recommender. Name_ Anticipated ASU Major Email Address Degree______ Expected Term of Matriculation Fall _____ Spring ____ Summer____20___ Section II: TO BE COMPLETED BY RECOMMENDER: RECOMMENDER: All letters of recommendation must be submitted by the recommender to The Murphy Graduate School via email at graduatestudies@alasu.edu or U.S. postal mail at the address above. Your candid evaluation of the above named candidate is appreciated. 1. Approximately how long have you known this applicant? 2. How well do you feel you know the applicant? () Casually () Well () Very Well 3. What was the nature of your contact(s) with the applicant? () Teacher () Advisor () Employer () Other (specify):_ 4. Please objectively rate the applicant in the following areas: No Basis for **Below Excellent** Good **Judgment** Average Average Academic performance **Intellectual ability Dependability** Aptitude for graduate education **Communication skills:** Written expression **Oral expression** b. Assertiveness Integrity Initiative Ability to cope with stressful situations Ability to organize and apply knowledge 5. Please indicate your recommendation (check one): () With Reservation () Strongly () Cannot Recommend Additional comments (Please attach any additional comments) Recommender's Name Title Organization Telephone Address Email

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Signature

Date___