



OFFICE OF GRADUATE ADMINISTRATION
RECOMMENDATION FORM

3219 College Street, Box 20243, Savannah, GA 31404 (912) 358.4195

To the Applicant

Each recommendation must include the completed Recommendation Form as well as a separate letter from your recommender written and signed on academic or business letterhead stationery. Recommendations should be requested from professors who are able to comment on your qualifications for graduate study. They should not be requested from a non-academic person unless you have extensive work experience with that individual and /or you have been away from academic institutions for some time. Complete all sections below and enter your name and deadline date on the reverse side. Deliver this form directly to the recommender, along with a stamped envelope addressed to the Office of Graduate Administration. Recommendations from friends or relatives are not acceptable.

Applicant's Information

Name: _____
Last First Middle D.O.B

Current mailing address: _____
Number & Street City State Zip Code

E-mail address: _____ Alternate E-mail address: _____
(Please note that email is our primary mode of communication)

Name of the graduate program(s) to which you are applying: _____ SSU 915# _____
(Former SSU Students may have an assigned 915# for identification purposes)

Recommender's Information

Name: _____
Last First Middle

Title: _____ Institution: _____

Address: _____
Number & Street City State Zip Code

Phone: _____ Fax: _____ E-mail address: _____
(Important: At least one direct contact number must be supplied, for verification purposes.)

List the courses you have taken under the direction of this recommender:

Course Number	Course Title	When Taken	Grade
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Applicant's Waiver of Right to Access

Under the provisions of the Family Education Rights and Privacy of Act 1974, as amended (P.L. 93-380), you (if admitted and enrolled) will have access to the information provided unless you have waived such access. Check one of the following statements and sign below:

- I hereby waive my right to review this recommendation form and letter of recommendation.
- I do not waive my right of review this recommendation form or letter of recommendation.

Printed Name: _____ Date: _____ Signature: _____

Both front and back (pages 1 and 2) of this form together with the recommendation letter must be returned to the Office of Graduate Administration. (Continued)

To the Recommender:

The applicant named below has applied for admission to a Graduate Program at Savannah State University. Please complete this **Recommendation Form along with a separate recommendation letter** written and signed on your **official academic or business letterhead** stationery. Return both documents directly to the Office of Graduate Administration before the **program application deadline of** _____. If you have not had the applicant as a student, please adapt your recommendation letter to explain your knowledge and assessment of the applicant. If you do not know this student well, please feel free to say so.

Applicant's Last or Family Name/Surname _____

First _____

Middle _____

1. What is your relationship with the applicant? Teacher/ Professor Employee/Supervisor Other _____

How long have you known the applicant? _____

2. Do you know the applicant well enough to give him/her a recommendation? Yes No

3. SUMMARY EVALUATION

Compare the applicant with a representative group of students with similar experience and training in the same field. How do you rate the applicant on general research and scholarly ability? (Check one.)

- outstanding (highest 5%-comparable to best students)
 very good (highest 10%)
 good (upper 25%-ability easy to identify)
 average (upper 50%)
 below average (lower 50%)

4. RECOMMENDATIONS

I would make the following recommendation for the applicant's admission to the program and degree listed on the front:

- strongly recommend
 recommend
 recommend with reservations
 do not recommend

5. RECOMMENDATION LETTER

- Use only clearly marked **official academic or business letterhead paper**. This letter must be signed by you.
- Include the applicant's name on each page of the letter.
- Attach your letter to this *Recommendation Form* and send it directly to the Office of Graduate Administration so they arrive before the above-stated deadline.
- Describe the applicant's qualifications for graduate study. Please discuss topics such as:
 - performance in independent study or research groups
 - intellectual independence
 - research and writing skills
 - capacity for analytical thinking
 - ability to work well with others
 - ability to organize and express ideas clearly
 - drive and motivation
 - suitability for the program of study and profession

Recommender, please read and sign below:

I have read the recommender information on the front of this *Recommendation Form*, including the direct contact number, and have made any necessary corrections. **My preferred contact number is:**

Phone: _____ Fax: _____ E-mail: _____

Printed Name: _____ Date: _____ Signature: _____

Both front and back (pages 1 and 2) of this form together with the recommendation letter must be returned to the Office of Graduate Administration.

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