

REPORT ON THE ACADEMIC AND PROFESSIONAL ABILITIES OF AN APPLICANT FOR ADMISSION FOR GRADUATE STUDY

(TO BE FILLED IN BY APPLICANT)

Name of Applicant _____ Entering Doctoral Program
 Entering Master's Program

Report requested of _____
(Name & Position)

Admission applied for in the department of _____

Under the federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. It is your option to waive your right to access to these recommendations or to decline to do so. Please mark the appropriate phrase below, indicating your choice of option, and sign your name:

Date _____

I waive my right to review of this recommendation.
 I do not waive my right to review of this recommendation Applicant's Signature _____

(TO BE FILLED IN BY PERSON MAKING RECOMMENDATION)

Please provide a statement evaluating the person named above as a graduate student in his/her field.
Please also use the form provided below, if possible.

	UPPER 5%	UPPER 10%	UPPER 25%	MIDDLE 50%	LOWER 25%
Intellectual Ability					
Imagination and Creativity					
General Educational Background					
Preparation in Chosen Field					
Interest and Enthusiasm					
Ability to Communicate					

Signed _____

Position _____

Address _____

Date _____

***This form is to be mailed directly to:** _____,
(Name of Department)

KENT STATE UNIVERSITY, PO BOX 5190, KENT, OH 44242-0001

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