University of North Georgia Graduate Admissions Recommendation Form

Email the completed form to grads@ung.edu

Applicant						
Complete the information in this section	and forward this	form to the per	son who is reco	ommending you for grad	uate admission.	
Name			First		MI	Date of Birth
					IVII	Date of Birtin
Address					G	
City			-			-
Home Phone						
Degree Sought						
The Family Educational Rights and Pr confidence carry greater weight. You m						vever, letters submitted in
I	□ waive	☐ do no	t waive my rig	ht of access to this letter	of recommendation.	
Applicant's S	Signatura			Data		
Applicant 81	31ghature			Date		
Recommender						_
Name Employer						
How long have you known the applica	49					
In what capacity?						
Please evaluate the applicant by placing	ng a check in the c	olumn that mos	t nearly represe	ents your opinion.		
Intellectual Ability Ability to Communicate		perior) percent)	Above Average (top 25 percer		Below Average	Inadequate Opportunity to Observ
Self-Reliance/Independent Thinking Motivation Professional Interest	ן []					
Self-Reliance/Independent Thinking Motivation	on	Strongly		Recommend	Recommend with Reservation	Do Not Recommend
Self-Reliance/Independent Thinking Motivation Professional Interest	s that			Recommend		
Self-Reliance/Independent Thinking Motivation Professional Interest Recommended for Graduate Admission Please add any additional comments might assist in making a decision a	s that			Recommend		

If you need this document in another format, please email *Graduate Admissions* or call 706-864-1543.