University of North Georgia
Graduate Admissions
Recommendation Form

Applicant

Complete the information in this section and forward this form to the person who is recommending you for graduate admission.

Name ____________________________________________________________________________________________________________________________

Last      First    MI  Date of Birth

Address __________________________________________________________________________________________________________________________

City ________________________________________________________ County ____________________________ State ____________ Zip _____________

Home Phone _______________________________________________________ Cell Phone ____________________________________________________

Degree Sought ______________________________________________________ Program ______________________________________________________

The Family Educational Rights and Privacy Act of 1974 provides you access to any letters of recommendation written for you; however, letters submitted in confidence carry greater weight. You may wish to consider waiving your right of access to this letter of recommendation.

☐ I waive my right of access to this letter of recommendation.

☐ I do not waive my right of access to this letter of recommendation.

Applicant’s Signature ___________________________________________________________________________ Date __________________

Recommender

You are requested to complete this form and return it as soon as possible to Graduate Admissions, University of North Georgia, Dahlonega, GA 30597. No admission decision can be made until this form is received. The Family Educational Rights and Privacy Act of 1974 opens records for inspection. Please note in the section above whether or not this applicant has waived access to this recommendation.

Name ___________________________ Position ___________________________

Employer ___________________________________________________________________________ Address ___________________________

How long have you known the applicant? ___________________________

In what capacity? ______________________________________________________________

Please evaluate the applicant by placing a check in the column that most nearly represents your opinion.

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<th>Superior (top 10%)</th>
<th>Above Average (top 25%)</th>
<th>Average</th>
<th>Below Average</th>
<th>Inadequate Opportunity to Observe</th>
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<tbody>
<tr>
<td>Intellectual Ability</td>
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<td>Ability to Communicate</td>
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<td>Self-Reliance/Independent Thinking</td>
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<td>Motivation</td>
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<td>Professional Interest</td>
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Recommended for Graduate Admission ☐ Strongly Recommended ☐ Recommend ☐ Recommend with Reservation ☐ Do Not Recommend

Please add any additional comments that might assist in making a decision about this applicant’s admission. ______________________________________________________________

Signature ___________________________________________ Date __________________

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