

**University of North Georgia
Graduate Admissions
Recommendation Form**

**Graduate Admissions
University of North Georgia
82 College Circle
Dahlonega, GA 30597-1001
grads@ung.edu
706-864-1543 (phone) – 706-867-2795 (fax)**

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 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.

	Superior (top 10 percent)	Above Average (top 25 percent)	Average	Below Average	Inadequate Opportunity to Observe
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Reliance/Independent Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.