



# Graduate Recommendation Form

Mail to:  
Grand Valley State University  
Admissions Office  
1 Campus Drive  
Allendale, MI 49401-9403

\* indicates a required field

## Applicant Information

**Applicant Name: \***

**Proposed Degree Program:**

Occupational Therapy -  
Weekend/Hybrid Part-Time Program

**Proposed semester and year of admission: \***

☐ I waive my rights to have access to this recommendation/evaluation.

**Signature: \***

## Recommender Information

**Salutation: \***

**First Name: \***

**Last Name: \***

**Email: \***

**Phone Number: \***

**Professional Affiliation/Organization: Professional Title:**

**In what capacity do you know the applicant? \***

☐ Instructor in One Class (specify course):

☐ Instructor in More Than One Class (specify courses):

☐ Employer/Supervisor

☐ Research Advisor

☐ Major Advisor

☐ Other (specify):

**How long have you known the applicant? (Please enter 0 if appropriate)\***

Years:  Months:

## Ratings

Please rate the applicant compared to other students at the same education level with regard to the following characteristics.

### Commitment to Learning \*

☐

Exceptional

☐

Above Average

☐

Average

☐

Below Average

☐

Poor

☐

Unable To Rate

### Communication - Oral \*

☐

Exceptional

☐

Above Average

☐

Average

☐

Below Average

☐

Poor

☐

Unable To Rate

### Communication - Written \*

☐

Exceptional

☐

Above Average

☐

Average

☐

Below Average

☐

Poor

☐

Unable To Rate

### Computer/Technical Skills \*

☐

Exceptional

☐

Above Average

☐

Average

☐

Below Average

☐

Poor

☐

Unable To Rate

### Creativity \*

☐

Exceptional

☐

Above Average

☐

Average

☐

Below Average

☐

Poor

☐

Unable To Rate

### Critical Thinking/Reasoning \*

☐

Exceptional

☐

Above Average

☐

Average

☐

Below Average

☐

Poor

☐

Unable To Rate

### Ethical and Professional Behavior \*

☐

Exceptional

☐

Above Average

☐

Average

☐

Below Average

☐

Poor

☐

Unable To Rate

### Interpersonal Skills \*

☐

Exceptional

☐

Above Average

☐

Average

☐

Below Average

☐

Poor

☐

Unable To Rate

### Leadership Ability \*

☐

Exceptional

☐

Above Average

☐

Average

☐

Below Average

☐

Poor

☐

Unable To Rate

### Maturity/Stability \*

☐

Exceptional

☐

Above Average

☐

Average

☐

Below Average

☐

Poor

☐

Unable To Rate

### Problem Solving \*

☐

Exceptional

☐

Above Average

☐

Average

☐

Below Average

☐

Poor

☐

Unable To Rate

### Responsibility/Dependability \*

☐

Exceptional

☐

Above Average

☐

Average

☐

Below Average

☐

Poor

☐

Unable To Rate

### Time Management \*

☐

Exceptional

☐

Above Average

☐

Average

☐

Below Average

☐

Poor

☐

Unable To Rate

## Additional Information

Additional comments or information you wish to provide regarding this applicant:

## Summary

Please select one of the following ratings for the applicant: \*

- ☐ Recommend enthusiastically
- ☐ Recommend with confidence
- ☐ Recommend
- ☐ Recommend with reservation
- ☐ Not recommend
- ☐ I certify that all the answers and information I have provided on this recommendation are complete and accurate to the best of my knowledge. \*