



Graduate Programs
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Recommendation Form

Last 4 digits SS#: _____

Applicant's Name: _____

Student G Number: _____

Address: _____

City/Zip: _____

Home Phone: () _____

Work Phone: () _____

TO THE APPLICANT: Fill in the information above (please print). You must obtain three professional or academic recommendations to complete your application. We suggest you prepare stamped envelopes for your references to expedite the process.

TO THE EVALUATORS: The individual named above has made an application for admission to graduate programs in the College of Education at Grand Valley State University. We are soliciting your candid evaluation of this person. Please complete this evaluation and return your response to:
Admissions Office, Grand Valley State University, Allendale, Michigan 49401-9403

How long have you known this person? _____ In what capacity do you know this person? _____

Please evaluate the applicant in comparison with other individuals at a similar level of professional preparation, and check the appropriate box.

	Top 10%	Top 20%	Top 50%	Bottom 50%	Unknown
An Inquiring Practitioner who effectively...					
1. Exhibits intellectual curiosity.					
2. Demonstrates knowledge of field.					
An Ethical Practitioner who effectively...					
3. Exhibits professional integrity.					
A Collaborative Practitioner who effectively...					
4. Plans and teams with others.					
5. Exhibits research abilities that may contribute to the development of the education profession.					
A Decision Maker who effectively...					
6. Analyzes situations.					
7. Addresses problems.					
8. Reflects on outcomes.					
A Practitioner who effectively...					
9. Expresses himself/herself in written communication.					
10. Expresses himself/herself in oral communication.					
11. Demonstrates perseverance.					

Would you admit this applicant to College of Education graduate programs?

___ Without reservation ___ With some reservation ___ No

Signature: _____ Date: _____

Name (please print): _____ Title/Position: _____

Institution/Agency: _____ City/State: _____ Phone: () _____

May this evaluation be shared with the applicant? Yes ___ No ___

On the back of this form please provide any additional strengths or weaknesses which may be related in the candidate's admission to graduate study. Thank you for your prompt response. GVSU appreciates your efforts in maintaining the integrity of our programs.