



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 - Traditional
Full-Time Program

Proposed semester and year of admission: *

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. *