

NOTE TO CANDIDATE: Please enter your name on the line marked "Name of Applicant and send to the person who will write this recommendation.



CONFIDENTIAL

NAME OF APPLICANT _____

The Family Educational Rights and Privacy Act of 1974 opens many student records for the student's inspection. The law also permits the student to sign a waiver relinquishing his rights to inspect letters of recommendation. The applicant's signature below constitutes a waiver signifying that the recommendation will remain CONFIDENTIAL: no signature means the student will have the right to read this reference.

Date: _____ Signature: _____

Note: the person whose name appears above this applied for admission to a masters program at the University of Oklahoma. The admissions committee would appreciate your assistance by answering the following questions and returning to ahasbrook@ou.edu as soon as possible.

If you do not know the student well please feel free to say so; such frankness will not prejudice the candidate's chance of admission. (I do not know the student well enough to give him a recommendation _____).

(1) How long and in what connection have you known the applicant? _____

(2) Please rate the applicant on the following abilities and traits:

	Excellent	Above Average	Average	Below Average	Poor	No Opportunity to Observe
Oral Communication						
Written Communication						
Motivation						
Ability to work effectively with others						
Imagination						
Sense of Responsibility						
Overall evaluation as a candidate for graduate study						
Ability to complete a masters program						

COMMENTS

DATE _____ OFFICIAL POSITION _____

INSTITUTION _____ TYPED NAME _____

CITY AND STATE _____ SIGNATURE _____