

Recommendation for Graduate Admissions

(photocopy for use)

Office of Graduate Admissions • Old Dominion University • Norfolk, VA 23529 • (757) 683-3685

Part 1 – Applicant's Information (Please print or type)

Instructions to the applicant: Complete Part 1 of this form and give a copy to each person who will write a recommendation for you. If you are applying to the Physical Therapy (D.P.T.) or Counseling (M.S.Ed.) programs, you should also include a self-addressed, stamped envelope. Ask the recommender to seal the recommendation inside an envelope, sign across the seal, and return it to you. Return the UNOPENED envelopes with your application package. Applicants to all other programs should ask the recommender to forward the recommendation **directly** to the Office of Graduate Admissions at the address above.

Applicant's Name (last, first, middle)

If records may appear under a different name, please enter

Old Dominion program applied to: _____ Social Security No. _____ - _____ - _____

Check one of the following statements and sign your name.

- I WAIVE my rights to see my evaluation and therefore recognize that it will remain confidential.
 I DO NOT waive my rights of confidentiality and therefore will be able to see my evaluation.

Applicant's Signature _____

Part 2 – Recommendation (Please print or type)

Instructions to the writer: If you are recommending an applicant to the Physical Therapy (D.P.T.) or Counseling (M.S.Ed.) programs, please place your completed form in the envelope provided by the applicant, sign across the seal, and return it to the applicant as soon as possible. Recommendations for applicants to all other programs should be returned **directly** to the Office of Graduate Admissions at the address above.

Name of person making recommendation below.

How long have you known the applicant? _____ years _____ months

In what capacity? _____

Rate the applicant in comparison with others of similar age and position you have known within the past five years.

	Below Average	Average	Good	Excellent	Outstanding	No basis for judgment
		(top 50% in class)	(top 25% in class)	(top 15% in class)	(top 5% in class)	
Academic Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressive Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for Proposed Field of Study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If possible, indicate the number of others with whom you are comparing this applicant. _____

How do you rate the applicant's potential as a teaching assistant? High Adequate Low No basis for judgment

Would you admit the applicant to your department? Assuredly Probably Possibly No

Feel free to provide additional comments below, or as an attachment.

Signature _____ Date _____

Position _____ E-mail _____