KING'S COLLEGE

WILKES-BARRE, PENNSYLVANIA 18711
(570) 208-5991 FAX (570) 208-8027

Education Programs

RECOMMENDATION FORM

_____
Date received (FOR OFFICIAL USE)

To be printed or typed by the applicant

Name_____
First Middle (maiden) Last

Current Address_____
Number and street

City_____ State_____ Zip_____ Telephone_____

Social Security Number (U.S. citizens only)_____

Read the statement below and, if you choose, sign it where indicated.

The Family Education Rights and Privacy Act of 1974 entitles King's graduate students to have access to letters of evaluation in their permanent record file. The applicant may waive this right of access to letters of evaluation, in which case letters of evaluation will be considered confidential and will not be available to the student. If you wish to waive your right of access to this letter of evaluation, please so indicate by signing your name on the line below the following statement.

I, the undersigned, hereby waive all rights and privileges provided by Public Law 93-380 to inspect or challenge the content and comments appearing in this letter of recommendation. I agree that the observations made in this letter of recommendation should be confidential between the writer and the various agencies or organizations to whom my credentials file may be addressed.

_____ _____
Applicant's Signature Date

To be printed or typed by the recommender (continued on next page)

The person named above is an applicant to a King's College Graduate Program. You will greatly assist the Program Director and the applicant by providing candid responses to the items on the form. It is equally acceptable to respond to these questions in letter form, but should you choose this format, please fill out the information in this box and staple the letter to the back of this form. It is recommended that you keep a copy for your files in case the original should be lost in the mail. We are aware of the time necessary to prepare such an assessment and gratefully acknowledges your help.

Please return the form to: King's College Graduate Division
133 N. River Street
Wilkes-Barre, PA 18711

Name of Recommender: _____

Position/Title: _____ School/Firm: _____

Address: _____

Note to College Placement Offices

If your office maintains a confidential file for students and alumni, it is acceptable to forward such files directly to our office. Please attach this form to the file.

Evaluation

How long and in what capacity have you known the applicant? _____

_____

_____

Please compare the applicant on the scale below with others you have known during your professional career. Indicate the reference group you have in mind: _____

	Exceptional (Top 2%)	Outstanding (Top 10%)	Excellent (Top 20%)	Good (Top 1/3)	Average (Middle 1/3)	Poor (Bottom 1/3)	Unable to Judge
Intellectual ability							
Leadership potential							
Ability to work with others							
Analytical ability							
Initiative							
Motivation for proposed program of study							
Organizational skills							
Oral communication skills							
Written communication skills							
Teaching technique							
Knowledge of subject fields							

_____

Comments

Please comment on above ratings and feel free to make additional statements concerning the candidate's integrity, achievement, managerial potential and other personal qualities. Attach an additional sheet if necessary.

_____

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_____ _____

Signature Date

(Rev. 09/16)