

# College of Graduate Studies Recommendation Form



- ❖ *Clinical Psychology and School Counseling have special reference forms. If relevant, contact the Psychology Department.*
- ❖ *Applicants to Educational Leadership must submit form located on the department website.*

Name of applicant \_\_\_\_\_ MTSU ID # \_\_\_\_\_  
(last) (first) (middle/maiden)

Applicant's intended program: \_\_\_\_\_

Under the provisions of the Family Educational Rights and Privacy Act of 1974, you may decide whether letters of recommendation written at your request are to be held confidential or whether they are to be available for your personal inspection. Check one of the following statements and place your signature in the space provided so that the evaluator will be advised of your choice.

Confidential file. I hereby WAIVE my rights of access to this recommendation.

Open file. I do NOT waive my rights of access to this recommendation.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**To recommender:** Your evaluation of this candidate is requested for admission purposes. The completed form should be sent directly to the College of Graduate Studies. Please give your open and honest opinion of this applicant. Information pertaining to the individual's strengths and weaknesses would assist us in our evaluation. Please state your professional relationship (i.e., classroom instruction) and, if possible, the length of time you have known the applicant. Additional information such as the individual's initiative, perseverance, intellectual ability, experimental skills, and resourcefulness is extremely helpful.

Evaluator's name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Institution or company \_\_\_\_\_

Address \_\_\_\_\_

Return to: College of Graduate Studies, MTSU Box 42, Murfreesboro, TN 37132