

Recommendation Form

CRIMINOLOGY GRADUATE PROGRAM

APPLICANT: Please print your name and sign the confidentiality waiver option.

Name of Applicant: _____

Last

First

Middle

I, the above-named applicant, WAIVE _____ DO NOT WAIVE _____ any right to read or obtain copies of This form after it has been completed by the recommender.

Signature of Applicant

RECOMMENDER: Your frank evaluation of the person named above will be appreciated.

1. In what capacity and for how long have you known the applicant? _____
2. In comparison with other students at the same level, how would you rate the applicant on the following qualities? (Check appropriate box).

	Below Average	Average	Somewhat Above Average	Very Good	Truly Exceptional	Unable To Judge
Intellectual Ability						
Maturity						
Leadership Potential						
Personality & ability to get along well with others						
Written communication skills						
Oral communication skills						

3. What are the applicant's principal strengths? _____

4. In what areas is the applicant weak? _____

5. Other comments (continue on the back of this sheet). _____

6. Please check the appropriate statement:
 - I expect the applicant to be a distinctly outstanding graduate student.
 - I expect the applicant to be definitely above average, but not in the top 10 percent.
 - I expect the applicant to perform satisfactorily in graduate work.
 - I feel there is some doubt as to the applicant's performing satisfactorily.

Please return this form to:
 Criminology Graduate Program
 California State University, Fresno
 Department of Criminology
 2576 E. San Ramon M/S ST 104
 Fresno, CA 93740-0104

Signature: _____
 Print Name: _____
 Position/Title: _____
 College/Organization: _____
 Address: _____