



Graduate College  
Florida Atlantic University  
777 Glades Road, SU 80, 101  
Boca Raton, FL 33431-0991

## Directions for Using Letter of Recommendation Form

Dear Applicant:

The attached letter of recommendation form is an optional\* form prepared for the convenience of recommenders who would like to use a form in lieu of a standard letter.

Applicants are to print the form, complete the top portion, sign it and forward it on to the recommender. Indicate the date that the recommender should return the form to you or the department you are applying for to give ample time for application submission by the necessary deadline. Recommendation forms should be returned directly to the department for which the applicant is applying. Please check with the specific department regarding their policy and provide accurate address information to the recommender if the form is being returned directly to the department. If the recommender is returning the recommendation form to you in a sealed envelope, it is helpful to provide a self addressed, stamped envelope to that person for his or her convenience. Be sure to include the **unopened** envelope(s) with your application material.

If you have any questions, feel free to contact the Graduate College at 561-297-3624.

### **\*Please Note:**

All applicants applying for **English** are required to use this letter of recommendation form.

All applicants applying for **Counselor Education** should NOT be using this form; instead, your letters should come on professional letterhead from your recommenders.

All applicants applying for the **MSW** program must use reference forms from the School of Social Work and complete a supplemental School of Social Work application in addition to the Graduate Admissions application. Please visit the following link for the MSW application and recommendation form: <http://www.fau.edu/ssw/msw/>

All applicants applying for **Nursing** should NOT use this form. Letters of Recommendation should be on professional letterhead from the recommenders. The points to be addressed are listed in the Catalogue under Master of Science with a Major in Nursing: Admission Requirements or on the Supplemental Application which all applicants should complete either online or on paper.

## Letter of Recommendation Form

**To the applicant:** Complete the top portion of this form and forward it on to your recommender. Indicate the date that your recommender should return the form to you or the department you are applying for to give ample time for application submission by the necessary deadline. Recommendation forms should be returned directly to the department for which the applicant is applying. Please check with the specific department regarding their policy and provide accurate address information to the recommender. If the recommender is returning the recommendation form to you in a sealed envelope, it is helpful to provide a self addressed, stamped envelope to that person. Be sure to include the **unopened** envelope(s) with your application material.

**Return to applicant/department by** (month/day/year): \_\_\_\_\_

Applicant Name (last, first) \_\_\_\_\_

Intended program of study and degree \_\_\_\_\_

Name of recommender \_\_\_\_\_

The Family Educational Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are permitted to waive their right of access to recommendations. The following statement indicates the wish of the applicant regarding this recommendation.

I   waive   **do not waive** my right to inspect the contents of this recommendation.  
(By waiving your right, you will not be allowed to inspect the contents of the letter.)

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

**To the recommender:** We would appreciate your opinion of this applicant's potential for success in graduate study. How long and in what capacity have you known the applicant? Please comment on the applicant's academic ability and aptitude for advanced study in the field. Rate the applicant, if possible, on the chart on the next page. If you prefer to write your own letter rather than use this form, you may do so and attach this form to your letter. We pay careful attention to your appraisal, and we are grateful for your assistance.

Recommender  
Date \_\_\_\_\_

Signature \_\_\_\_\_

Position \_\_\_\_\_ Institution \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Fax \_\_\_\_\_ Phone \_\_\_\_\_

# Letter of Recommendation Form

Applicant Name (last, first) \_\_\_\_\_

**Recommender:** please evaluate the applicant on the scale below in comparison with the others you have known during your professional career. Indicate the reference group you have in mind:

\_\_\_\_ Undergraduate \_\_\_\_ Graduate \_\_\_\_ Employees \_\_\_\_ Colleagues \_\_\_\_ Other \_\_\_\_\_

	<u>Exceptional</u> (top 5%)	<u>Outstanding</u> (top 10%)	<u>Good</u> (top 15%)	<u>Average</u> (top 40%)	<u>Poor</u> (lower 50%)	<u>Motivation for</u> <u>Graduate</u> <u>Study</u>	<u>Unable to</u> <u>Assess</u>
Intellectual ability							
Breadth of general knowledge							
Ability in oral expression							
Perseverance							
Written ability							
Imagination and creativity							
Potential as a teacher							
Potential as a researcher							

Please make any additional comments you feel may be helpful in assessing the candidacy of the applicant.

Recommender Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please seal your recommendation in an envelope, sign across the seal and mail to the applicant or to the department, as indicated in your instructions from the applicant. We appreciate your prompt reply.**