



CAMPBELL
UNIVERSITY
 SCHOOL OF EDUCATION
 Buies Creek, North Carolina 27506

Letter of Recommendation

Application Information: Applicant should complete this part of the form. Please print or type.

Semester You Wish to Begin: Fall Spring Summer Year: _____

First Name _____ MI _____ Last (Family) Name _____

Date of Birth: _____ Program You Want To Complete: _____
 MM/DD/YYYY

Under the Family Educational Rights and Privacy Act of 1974, which gives registered students the right to inspect and review their educational records, students may waive their right to see specific confidential statements and letters of recommendation. The following statement indicates the wish of the applicant if admitted regarding this recommendation:

- I waive my right to inspect the contents of the following recommendation.
- I do not waive my right to inspect the contents of the following recommendation.

Signature: _____ Date: _____

Recommender Information: Recommender should complete this part of the form. Please print or type.

The Graduate School requires a written statement from you concerning this applicant. Please write candidly, analytically, and at length about the student's qualifications and potential to carry on advanced study in the field specified. Treatment of both strong and weak points will be most helpful in describing attributes, such as motivation, intellect, maturity, and other relevant characteristics. Include examples of their acceptance of others from diverse backgrounds, problem solving and critical thinking skills, professionalism, and collegial relationships.

Please compare the applicant with others you have recommended and who have attended or who are attending the Graduate School at Campbell University. **Please attach your written statement to this form.** Thank you for your assistance.

First Name: _____ Last Name: _____

Name of Organization: _____

Your Title: _____

How long have you know the applicant? _____ In what capacity? _____

On the scale below, please rate the applicant relative to others you have taught who have gone on to graduate study.

	Below 50%	<input type="checkbox"/> 50%	Top 25%	Top 10%	Top 5%	Top 2%
Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity and Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Poor	Average	Good	Very Good	Excellent	Exceptional

This recommendation remains confidential during the admission process. If the student has not signed the waiver of right to inspect the recommendation, your evaluation will become accessible as part of the student's records only if the student enrolls in the Graduate School of Education at Campbell University.

Signature _____ Date _____

Address _____

Email _____ Phone _____

MAILING INSTRUCTIONS: Please place your recommendation in an envelope, seal the envelope, and write your name across the seal; then return it to the applicant for enclosure with his or her application materials. Applicants should send the application and references to Campbell University, School of Education, PO Box 369, Buies Creek, NC 27506, Attention: Graduate Admissions Office.