

**LETTER OF RECOMMENDATION**  
**COLLEGE OF GRADUATE STUDIES TENNESSEE TECHNOLOGICAL UNIVERSITY**  
**BOX 5012 COOKEVILLE, TENNESSEE 38505**

**APPLICANT:** By submitting this request for a recommendation, you agree Recommender may release educational records necessary to complete the recommendation for TTU's Graduate School. In addition, you

[ ] waive

[ ] do not waive

the right to inspect and review letters and statements of recommendation.

Please PRINT or TYPE your name and degree intent and supply the recommender with a stamped envelope addressed to the TTU College of Graduate Studies, P.O. Box 5012, Tennessee Technological University, Cookeville, TN 38505.

Applicant's Name \_\_\_\_\_ Student ID Number \_\_\_\_\_  
Last or Family Name      First      Middle or Maiden

Degree Sought: \_\_\_\_\_ Major: \_\_\_\_\_

**Recommender:**

*Please give your opinion of the above listed applicant's ability to successfully complete a program of graduate study at Tennessee Technological University. This form should not be returned to the applicant, but should be mailed directly to the Graduate School.*

How many years have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Please indicate in the scale at the right your opinion of the following characteristics of the applicant:

- Scholarship – Quality of Work
- Dedication and Determination
- Integrity and Dependability
- Interpersonal Skills
- Attitude
- Leadership

Superior	Above Average	Average	Below Average	Inferior	Unknown

Please provide an additional assessment of the applicant's potential for success in graduate school. Include any particular strengths and/or weaknesses. We will appreciate your candid appraisal. Use back of form if necessary.

Recommendation for Admission  
(check one)

  


Highly Recommended  
 Recommended with reservations

  


Positively Recommended  
 Not Recommended

Signed \_\_\_\_\_ Position or Title \_\_\_\_\_

Date \_\_\_\_\_

(Please print or type name of recommender)

Address \_\_\_\_\_