Recommendation Form

APPLICANT’S NAME ____________________________ (please print)

To the applicant: THIS FORM IS REQUIRED and should be completed by an individual who has had a full opportunity to assess your abilities. This form must be a part of your application packet for admission to the Graduate School of Wake Forest University. Federal legislation gives you a right of access to this information, which you may waive, but no school or person can require you to waive this right.

I ______ do waive/ _______ do not waive my right of access of this information.

Signature of applicant ____________________________________________________________

Name of person you requested for recommendation (please print) __________________________ Telephone (Day) ____________________________

To the person asked to complete this recommendation: The above named person is applying for admission to the Graduate School of Wake Forest University. Your candid assessment of this person will be of great assistance in making a careful evaluation of the applicant’s credentials. NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL YOU HAVE RETURNED THIS FORM. The form will be destroyed if the student does not matriculate, or immediately after matriculation. Please return the form and your letter to the applicant in a sealed envelope initialed across the back flap.

How long and in what capacity have you known the applicant? __________________________

Please rate the applicant on the following: RATING SCALE

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<th>Low</th>
<th>Average</th>
<th>High</th>
<th>No Basis for Judgment</th>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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Basic Intelligence
Analytical Ability/Rigor of Thought
Facility for Critical Thought
Reasoning Ability

Independence of Thought
Originality/Imagination
Creative Intelligence

Oral Communication

Written Communication

Industry and Motivation
Persistence /Self-Discipline
Study Techniques

Judgment and Maturity
Conscientiousness/Common Sense

Recommended highly __________ Recommended with reservations __________
Recommended __________ Not recommended __________

In a letter or on the back of this form, please give your candid evaluation of this applicant, including observations on the applicant’s ability to think creatively and to work independently.

Signature __________________________________________ E-mail ______________________

Position ______________________________________ Date __________________________________________

Business/Mailing Address __________________________ Dept. __________________________
Institution/Company Name __________________________

Street ______________________________________ City __________________________ State Zip