

Please evaluate the candidate in the following categories:

	Superior	Good	Average	Marginal	Poor	Not able to judge
Potential for academic success						
Intelligence						
Intellectual curiosity						
Creativity						
Motivation						
Maturity						
Written communication						
Oral communication						

Your overall recommendation for this applicant:

- Highly recommend
 Recommended
 Recommended with reservation
 Not recommended

Name of recommender _____

Title _____

Address _____

Signature _____ **Date** _____

Please return this form directly to:
 School of Graduate Studies
 211 James M. Baker University Center
 2000 Clayton State Boulevard
 Morrow, GA 30260

If returned to candidate, recommendation form must be in a sealed envelope with signature of recommender across sealed flap. Thank you for your time and assistance.