

Recommendation Form

Please type or print legibly in black ink

TO THE APPLICANT

Complete the section below and provide your recommendation writer with a stamped, self-addressed envelope.

Applicant's name _____
LAST FIRST MIDDLE

GW school to which candidate is applying: _____

Degree sought: master's doctoral other: _____ Field of study: _____

Applying for: fall spring summer Year: _____ Applicant's date of birth _____
FOR TRACKING PURPOSES ONLY

In accordance with federal regulations, materials in student files, such as recommendation forms, are open to inspection upon request, unless the student has waived the right of access in advance. Please indicate your wish by completing and signing the statement below. Your right to review this form is considered waived if you do not check a response.

I (check one) DO DO NOT waive access to this recommendation

Applicant's signature: _____ Date: _____

Applicant's address: _____
STREET

CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

TO THE RECOMMENDATION WRITER

This form should be returned in the envelope provided by the applicant; please seal it and sign across the seal. The applicant will forward the recommendation unopened to The George Washington University with his/her other application materials. We are aware of the time and care necessary to prepare this evaluation and gratefully acknowledge your assistance.

Name of individual completing this form: _____

Please compare the applicant with others you have known during your professional career. For each of the categories below, check the appropriate box.

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	INADEQUATE OPPORTUNITY TO OBSERVE
Analytical ability					
Quantitative ability					
Research ability					
Command of field of study					
Written English					
Oral English					
Interpersonal skills					
Maturity					
Self-confidence					
Motivation					
Initiative					
Potential as a teacher (if applicable)					
Leadership potential					
<i>For School of Business applicants only:</i>					
Results-orientation					
Assertiveness					
Professional knowledge					

Overall impression of candidate: Outstanding Strong Average Fair Poor

ADDITIONAL QUESTIONS

By attaching a separate letter or page, please address the following subjects:

1. How long have you known the applicant and under what circumstances?
2. What do you consider the applicant's most outstanding talents or characteristics?
3. What are the applicant's chief liabilities or weaknesses?
4. The admissions committee would appreciate any additional statement you may wish to make concerning the applicant's aptitude for advanced study or his/her potential for becoming a successful manager and leader, if appropriate.

Signature: _____ Date: _____

Position/title: _____ Organization/institution: _____

Address: _____

Daytime telephone: _____ Fax: _____

E-mail: _____