

GRADUATE STUDIES RECOMMENDATION FOR GRADUATE ASSISTANTSHIP

John Carroll University thanks you for taking the time to assist in the process of evaluating this applicant for a Graduate Assistantship. Recommendations that supply relevant information about an applicant not disclosed by college transcripts, test scores, and scholastic evaluations are most helpful. Please type or print all information requested on this form and place it along with the letter or recommendation in a sealed envelope, signed across the seal and return it to the applicant.

| | TO BE COMPLETED E | BY THE APPLICANT | |
|---|--|--|---------------------------------|
| Name: | | | |
| Last | Firs | it | Middle |
| Department(s) or program(s) to | which you are applying for an ass | sistantship: | |
| Graduate program to which you | are applying: | | |
| but cannot be required to do so by | a school or person. If, in spite of the more candid evaluation, please check | this recommendation in the future. An existence of this federal law, you wislesk statement A below. If you choose no | h to waive your right of acces |
| A. I waive my right of access to t University. | his recommendation and authorize the aut | thor of this recommendation to provide an e | valuation of me to John Carroll |
| B. I do not waive my right of acc Carroll University. | ess to this recommendation, but authorize | the author of this recommendation to provi- | de an evaluation of me to John |
| Signature | | | Date |
| | | | |
| | TO BE COMPLETED BY | THE RECOMMENDER | |
| | | | |
| Name and Title: | | | |
| Address: | | | |
| | | | |
| E-mail: | Business Phone: | Home Phone: | |
| | | I rate the applicant's academic per Next highest 10% Top 5 | |
| Please check one of the following | ig: 🗖 I highly recommend 📮 | I recommend v | vith reservation |
| Signature | | | Date |
| Please attach a letter of recomm | endation, preferably on letterhead | d. Include the length of time and the | e capacity in which you |
| have known the applicant. Desc judgments, particular strengths a | ribe in some detail your judgment | t of the applicant in terms of versati aracteristics you deem pertinent. Pl | ility, ability to make sound |

RETURN THIS FORM AND RECOMMENDATION LETTER TO THE ADDRESS BELOW BY FEBRUARY 15