

Prairie View A&M University Graduate Admission Recommendation Form

This form is to be used to recommend a candidate for graduate school at Prairie View A&M University.

Part I. Applicant I	nformation						
Name (Last, First, M	II):						
Address (Street/PO 1	Box, City, State	, Zip):					
Email:	Phone:						
	ational Rights an	access to this Graduate A d Privacy Act of 1974. T Ons.					
I,			, waive the d	above right of access.			
Part II. Recommen	nder Informatio	on					
Name (Last, First, M	II):						
Address:							
Employer:		Title:					
Email:	nail:			Phone:			
Part III. Please cor applicant.	_	owing information to a	assist in the evalua	ation of the above			
1. How long have y	ou known the a	applicant? Years:	Months:				
2. Are you familiar him/her?	with the application Top 10%	ant's academic ability? Top 25%	If yes, ho	ow would you rate Lower 50%			
3. Are you familiar him/her?	with the application Excellent	ant's job performance? Above Average	If yes, ho Average	ow would you rate Below Average			

4. Would you recommend this applicant for graduate school? brief statement explaining why.						If yes, please write a	
If your answer was no, 5. How would you rat			-	aining why.			
Criteria	Excellent	Good	Fair	Average	Poor	Unable to	
Criteria	Excellent	Good	ran	Average	1 001	Rate	
Intellectual Ability							
Maturity							
Motivation							
Leadership Ability							
Interpersonal Skills							
Oral Skills							
Writing							
Quantitative Skills							
Part IV. Acknowledge				Dota			
Signature of Recomme	ender: mplete the Re	commenda	ation Forn	Date n completely		to:	
Prairie View A&M University							

Or submit electronically to: gradadmissions@pvamu.edu

Office of Admission Graduate Admission Processing P.O. Box 519, Mail Stop 1009 Prairie View, Texas 77446-1009