Recommendation of Applicant

to the

Prairie View A&M University
College of Business

Applicant’s Last Name
First
Middle/Maiden

Address
P. O. Box or Street
City
State
Zip Code

Telephone Number:
Email Address:

Note: Student may waive any right of access to this Recommendation of Applicant form under the Family Educational Rights and Privacy Act of 1974. This Act entitles students to inspect their records, including recommendations.

I, ____________________________, waive the above right of access.
(Student Name)

1. How long have you known the applicant? Years: _______ Months: _______

2. Are you familiar with the applicant's academic ability? ______ If yes, how would you rate him/her?
   Top 10% _____ Top 25% _____ Top 50% ______ Lower 50% ____________________________

3. Are you familiar with the applicant's job performance? ______ If yes, how would you rate him/her?
   Excellent _____ Above Average _____ Average _____ Below Average ____________________________

4. Would you recommend this applicant for graduate school studies? ______
   If yes, please write a brief statement explaining why. ______________________________________
   If your answer was no, please write a brief statement explaining why. __________________________

5. How would you rate the applicant on the following?

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Average</th>
<th>Poor</th>
<th>Unable to rate</th>
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Recommendation of Applicant
Page 2

Recommended by: ____________________________________________
(Please type or print)

Signature: ______________________________ Date: ________________

Employer: ______________________________ Title: ________________

Telephone Number: _______________________

Please Return Completed Form To:

Prairie View A&M University
Graduate School
Delco Building, Suite 120
P.O. Box 519; MS 2800
Prairie View, TX 77446