

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?

| Criteria | Excellent | Good | Fair | Average | Poor | Unable to rate |
|----------------------|-----------|------|------|---------|------|----------------|
| Intellectual Ability | | | | | | |
| Maturity | | | | | | |
| Motivation | | | | | | |
| Leadership Ability | | | | | | |
| Interpersonal Skills | | | | | | |
| Oral Skills | | | | | | |
| Writing | | | | | | |
| Quantitative Skills | | | | | | |

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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**