



LETTER OF RECOMMENDATION  
FOR GRADUATE STUDY

SECTION 1 (to be completed by applicant)

The following information must correspond to the information submitted on the Application for Admission to Graduate Study. Indicate your decision regarding a waiver of the right of access to this letter of recommendation before giving it to the person who will be submitting the recommendation. Give this form, along with a self-addressed and stamped envelope, to your reference. Have that person place the completed recommendation into the envelope, seal it, and sign across the seal. The envelope should be returned to you, and you should return it with your application. Do not return separately. Advise your reference if the letter is also to be used as a recommendation for financial assistance.

Name

\_\_\_\_\_  
Last Name First Name Middle/Former

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Degree Program \_\_\_\_\_ Term and Year of Entry \_\_\_\_\_

Name of Reference:

\_\_\_\_\_

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Student, however, are entitled to waive their right of access concerning recommendations. The following signed statement is the applicant's wish regarding this recommendation.

\_\_\_ I waive my right to inspect the contents of this recommendation.      \_\_\_ I do not waive my right to inspect the contents of this recommendation.

\_\_\_\_\_  
Signature Date Signature Date

SECTION 2 (to be completed by reference)

Christopher Newport University values your comments on the suitability of this applicant to do graduate work and will hold your comments in confidence if the applicant has signed the above waiver.

How long and in what capacity have you known the applicant?  
\_\_\_\_\_

Please carefully assess the applicant in the following areas. In making the assessment, compare the applicant to other individuals you have known who have similar levels of experience and education.  
\_\_\_\_\_

|   | Superior | Good | Average | Poor | Unknown |
|---|----------|------|---------|------|---------|
| Intellectual ability                                  | ___      | ___  | ___     | ___  | ___     |
| Ability to analyze a problem and formulate a solution | ___      | ___  | ___     | ___  | ___     |
| Competence in applicant's general field               | ___      | ___  | ___     | ___  | ___     |
| Self-reliance   | ___      | ___  | ___     | ___  | ___     |
| Leadership  | ___      | ___  | ___     | ___  | ___     |
| Creativity/innovation                                 | ___      | ___  | ___     | ___  | ___     |
| Motivation  | ___      | ___  | ___     | ___  | ___     |
| Self-discipline                                       | ___      | ___  | ___     | ___  | ___     |
| Cooperativeness                                       | ___      | ___  | ___     | ___  | ___     |
| Oral communication skills                             | ___      | ___  | ___     | ___  | ___     |
| Written communication skills                          | ___      | ___  | ___     | ___  | ___     |
| Initiative  | ___      | ___  | ___     | ___  | ___     |
| Reliability   | ___      | ___  | ___     | ___  | ___     |

Please use the space on the other side of this application to elaborate on the applicant's qualifications.

**RECOMMENDATION**

CNU is interested in obtaining an accurate profile of the applicant's capability for graduate study. The check-off items appearing on the previous page sometimes do not provide the opportunity to characterize an applicant fully. Please give any additional comments in the space below. CNU would especially appreciate comments on the applicant's intellectual capability, motivation for seeking graduate education and prospects for completing graduate education (e.g. perseverance, work habits, organization). This form may also be used as a recommendation for financial assistance, such as teaching or research assistant or fellowships.

Your overall assessment of the applicant as to his or her ability to complete an advanced academic degree:

Highly recommended       Recommend with reservation  
 Recommend       Not recommended

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print name \_\_\_\_\_

Institution \_\_\_\_\_

Position \_\_\_\_\_ Telephone number \_\_\_\_\_  
 Email \_\_\_\_\_

Please place the completed form in the addressed and stamped envelope provided by the applicant. Please be sure to seal the envelope and sign it across the seal before returning it to the applicant.

Thank you for assisting Christopher Newport University with its graduate application process.