



Cumberland UNIVERSITY

RECOMMENDATION FORM

To Be Completed by Applicant:

Name: _____ Last four digits of SS#: _____

Address: _____

City/State/ZIP: _____

Email Address: _____ Phone: _____

NOTE TO APPLICANT: This form must be used for recommendations. Please enter your name above and deliver one copy of this form to three individuals who will provide you with a recommendation. Under the Family Educational Rights and Privacy Act of 1974, students enrolled at Cumberland University have access to their educational records, including letters of evaluation. However, students may waive their right to see letters of evaluation, in which case the letters will be held in confidence. If the applicant has not signed a waiver, he or she may request to see the recommendation forms after enrolling in the Graduate Studies Program at Cumberland University.

If you wish to waive your right to examine the recommendation submitted by the person to whom this form is being given, please sign here:

Signature of Applicant

Date

TO BE COMPLETED BY THE RECOMMENDER: The person named above is applying for admission to Cumberland University's Graduate program. We would appreciate your assessment of the applicant and welcome your comments. Please read the *Note to Applicant* above regarding confidentiality. We appreciate your time and effort.

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

What do you consider to be the applicant's greatest attributes and abilities? _____

In what areas do you think the applicant needs the most improvement? _____



Cumberland UNIVERSITY

How well do you think the applicant has considered plans for graduate study? _____

How well do you think the applicant will perform in an environment that stresses a high degree of teamwork, independent thought and action, and personal motivation? _____

In terms of the qualities listed below, please evaluate the applicant:

	EXCEPTIONAL (Top 5%)	OUTSTANDING (Top 15%)	ABOVE AVERAGE (Top 33%)	AVERAG E	BELOW AVERAGE (Bottom 33%)	NOT ABLE TO RATE
Intellectual Ability						
Analytical Ability						
Ability to work with others						
Written Communications						
Oral Communications						
Leadership Potential						
Motivation and Organization						
Ethical Behavior						

RECOMMENDATION:

- Highly recommend
 Recommend without reservation
 Recommend with reservation
 Do not recommend



Cumberland UNIVERSITY

Name: _____

Title: _____ Institution: _____

Address: _____

City/State/ZIP: _____ Work Telephone: _____

Signature of Recommender

Date

We welcome any additional comments you may wish to make regarding the applicant's abilities.

Please forward this form to: Cumberland University
Graduate Admissions Office
1 Cumberland Square
Lebanon, Tennessee 37087-3408

Telephone: 615-547-1206 (local)
1-800-467-0562 Ext. 1206 (toll-free)
FAX: (615) 444-2569

Cumberland University makes no distinction in its admission policies or procedures on grounds of age, sex, religion, race, color, national origin, or physical handicap.