

## Candidate Recommendation Form

### To the Applicant

Complete the section below and ask your recommender to return the form to you in a signed, sealed envelop. Forward the envelope to the UW-La Crosse Office of Admissions along with your graduate application.

\_\_\_\_\_  
First name                                      Middle Initial                                      Last or Family name                                      Social Security number

\_\_\_\_\_  
Degree Name                                      Program for which you are applying

Under the Family Education Rights and Privacy Act (FERPA) of 1974, you have the right to review official university student records. You may waive the right. If you wish to do so in the case of this recommendation, please sign below. Your waiver will in no way affect the decision on your application.

\_\_\_\_\_  
Signature of Applicant                                      Date

### To the Recommender

Assess the applicant's potential as a graduate student. You should consider:

- a. previous accomplishments,
- b. intellectual independence,
- c. capacity for analytical thinking,
- d. ability to work with others,
- e. ability to organize and express ideas clearly,
- f. drive and motivation to complete graduate level work.

The student has been given the option to waive access to this recommendation. (see above box)

This form should be returned to the applicant in a sealed envelope. The applicant will return the sealed recommendation with the completed *Application for Graduate Admission* to: Dr. Carol Angell, UW-L, 300A Morris Hall, 1725 Morris Hall, La Crosse, WI 54601.

1. How long have you known the applicant? \_\_\_\_\_
2. In what capacity? \_\_\_\_\_
3. Rate the applicant relative to other individuals you have known in the same field in recent years:

	Outstanding	Very Good	Good	Fair	Poor	No opportunity to judge
Overall potential for graduate study						
Motivation for proposed program study						
Intellectual capacity (including reasoning and analytical ability, imagination, learning potential)						
Writing ability						
Oral communication skills						

4. Recommendation for graduate study:

\_\_\_\_\_ Enthusiastically      \_\_\_\_\_ With Confidence      \_\_\_\_\_ With Reservation      \_\_\_\_\_ Not Recommend

**Provide written recommendation on backside**

## Recommendation Narrative

Use this space for your assessment of the applicant's potential for success in the Graduate Special Education Program.  
(Attach additional pages if necessary.)

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Signature of Recommender Date

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Name of Recommender PRINTED or TYPED Title

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Institution

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Address City State Zip code

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Work phone Home phone Cell phone email address