UNIVERSITY OF WISCONSIN-LA CROSSE -- RECOMMENDATION FOR GRADUATE STUDY

TO THE APPLICANT

Complete this section. Ask your recommender to fill out the section below and mail, fax, or scan the form to UW-La Crosse (see bottom of the form).

_____

First name Middle Initial Last Name

_____

Degree and Program for which you are applying

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

_____ _____

Signature of applicant Date

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TO THE RECOMMENDER

Assess the applicant's potential as a graduate student. You should consider previous accomplishments, intellectual independence, capacity for analytical thinking, ability to work with others, ability to organize and express ideas clearly and drive and motivation. The student has been given the option to waive access to this recommendation (see above).

This form should be mailed, faxed, or scanned (see information below).

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	Unable to Judge
Overall potential for graduate study						
Motivation for proposed program of study						
Intellectual capacity (including reasoning and analytical ability, imagination, learning potential)						
Writing ability						
Oral communication skills						

4. Recommend for graduate study:

Enthusiastically	With Confidence	Recommend	With reservation	Not Recommend

5. Please email your letter of recommendation to SchoolPsych@uwlax.edu.

_____ _____

Signature of Recommender Date

Mail form to: UW-La Crosse, School Psychology Program, 341 Graff Main Hall, 1725 State St., La Crosse, WI 54601
Or Fax to: 608-785-8443 Or Scan and email to: SchoolPsych@uwlax.edu