

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. Your waiver will in no way affect the decision on your application.

Signature of applicant	Date

TO THE RECOMMENDER

Please assist us with selecting the next generation of school psychologists by assessing the applicant's potential as a graduate student. Please complete the following questions. 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
Knowledge and Creativity						
Communication Skills						
Team Work						
Resilience						
Planning & Organization						
Ethics and Integrity						
Overall potential for graduate study						

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