

RECOMMENDATION FOR GRADUATE DEGREE APPLICANTS

Return completed form to: *Admissions Processing, Cleveland State University, KB 1400*
2121 Euclid Ave., Cleveland, OH 44115
Fax: 216-687-5400 E-mail: graduate.admissions@csuohio.edu

1: To the Applicant

Complete the following and forward this form to your recommender (please print clearly). Forms may be submitted by U.S. Mail, fax, or by e-mail as an attachment.

Name: _____ Date of Birth: ____/____/____

- Master's
 Doctoral

CSU ID: _____ Intended Graduate Program: _____

FERPA Statement on Confidentiality of Recommendation

- I would like this information to be accessible to me after final admission and matriculation under the provisions of the Family Educational Rights and Privacy Act.
 I would like this recommendation to be considered confidential and hereby waive my right of access to this form following final admission and matriculation.

Applicant's Signature: _____ Date: ____/____/____

2: To the Applicant's Reference:

Provide your assessment of the applicant either below (please print clearly) or on a separate sheet. Please note how long and in what capacity you have known the applicant. Evaluate the applicant's aptitude for graduate study, including scholastic achievements, and provide your opinion of his/her potential for success.

Reference's name: _____ Title: _____

Institution or Company: _____

Full Address: _____

Phone: (____) _____ - _____ E-Mail: _____

Reference's Signature: _____ Date: ____/____/____

