

# RECOMMENDATION FOR GRADUATE DEGREE APPLICANTS

Return completed form to: *Admissions Processing, Cleveland State University, MC116*

*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: \_\_\_\_/\_\_\_\_/\_\_\_\_

