

TLAC Department Recommendation Form for Master's Degree Programs

TO BE COMPLETED BY THE APPLICANT:

UIN: _____

(Print or type your full legal name as it appears on your birth certificate and other legal documents.)

Name: _____
Last:
First:
Middle:

Date of Birth: _____ Email: _____
Month/Day/Year

Permanent Address:

Street/P.O. Box/Apt#: _____

City: _____ County/Province: _____ State/Zip Code: _____ Country: _____

Telephone Number: () _____

TLAC Masters Program Applied to:

On-line M.Ed. M.S. M.Ed. (On Campus) Secondary Graduate Certification

Expected (or last) degree date _____ Degree(s) _____ Expected Enrollment Date _____

OPTIONAL STATEMENT:

I hereby waive my right to access to, and authorize Texas A&M University to use, confidential information, including but not limited to letters, statements and recommendations received in connection with my request for admission to Graduate Studies and for financial assistance.

Signature: _____ Date: _____
Month/Day/Year

TO BE COMPLETED BY THE RECOMMENDER:

The applicant has indicated above whether access to this recommendation has been waived. We appreciate your cooperation. If additional space is needed, please attach a separate sheet.

Please mail this form to: Graduate Programs
 Department of TLAC
 Texas A&M University
 4232 TAMU
 College Station, TX 77843-4232

How long have you know the applicant? _____ In what capacity? _____

Please evaluate the applicant by placing a check in the column that most nearly represents your opinion. If you lack the knowledge to make a definite rating, please check "*Inadequate Opportunity to Observe*".

Area of Evaluation	Inadequate Opportunity to Observe	Below Average	Average	Above Average (Upper 25%)	Superior (Top 10%)
Intellectual Ability					
Ability to Communicate					
Self Reliance/Independence of Thought					
Motivation					
Professional Interest					

Recommended based on applicants ability to pursue graduate study (check one):

Strongly recommend Recommend Recommend with reservations Do not recommend

Signature: _____ Date: _____

Name and Position: _____
(Print or Type)

Address: _____