

Under the provisions of the Family Educational Rights and Privacy Act of 1974 (Public Law 93-380), you may decide whether letters of reference written at your request are to be held confidential or whether they are to be available for your personal inspection. Check one of the following statements and place your signature in the space provided so that the reference will be advised of your choice.

_____ Confidential File. I grant permission for this letter of recommendation to be held confidential by State University of West Georgia.

_____ Open File. I retain the choice of having letters of reference available to me.

Signature of Applicant

LETTER OF RECOMMENDATION FORM

The Graduate School • State University of West Georgia • Carrollton, Georgia 30118-4160

Social Security Number _____ Name of Applicant _____

Degree Sought: MA MM MS MPA MPACC MBA MEd EdS

Proposed Major, Area of Concentration,
or Area of Certification _____

(See Graduate Catalog for particular major)

INSTRUCTIONS TO RECOMMENDER: If you would prefer to write a letter either in place of or in addition to this form, please feel free to do so. The letter should be written on official school or business letterhead stationery.

1. How well and in what relationship have you known the applicant?

2. When compared with other persons you have taught or known, how well is the applicant prepared for pursuing a graduate degree at State University of West Georgia?

Lowest 40%	Mid 20%	Next Highest 20%	Next Highest 10%	Highest 5%

3. How would you rank the applicant's potential for success as a graduate student at State University of West Georgia?

_____ Master's or Ed.S. easily

_____ About 50-50 chance of Master's or Ed.S.

_____ Good probability of Master's or Ed.S.

_____ Not graduate school material.

4. Briefly describe the applicant's strengths and weaknesses:

Signature _____

Date _____

Name printed or typed _____

Title _____

Employer _____

Address _____