

THE UNIVERSITY OF NORTH CAROLINA AT
PEMBROKE
School of Graduate Studies
Request for Academic/Professional Recommendation

Applicant's Full Name _____
(First) (Middle) (Last)

Degree Sought: MA _____ MAT _____ MAEd _____ MBA _____ MPA _____ MSA _____ MSW _____

Intended Program: _____

I agree that the recommendation I am requesting will be held in confidence by officials of The University of North Carolina at Pembroke and I waive any right I may have to examine it. Yes _____ No _____

Applicant's Signature: _____ Date: _____

To be completed by academic/professional recommender

1. How long and in what professional capacity have you known the applicant?

2. Evaluate this applicant, comparing her/him with other students/employees at similar stages of their academic/professional careers.

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGEMENT
Ability to communicate (orally)					
Ability to communicate (written)					
Ability to work with others					
Creativity					
Exhibits potential to pursue graduate study					
Initiative					
Leadership					
Work habits					
Overall rating					

3. Elaborate on one of the listed characteristics that demonstrates the candidate's particular aptitude for graduate study in his/her chosen field.

Recommender's Name: _____ Date: _____

Recommender's Signature: _____ Position/Title _____

Institution/Affiliation: _____ School (if applicable): _____

Work Address: _____ Work Telephone Number: _____

Email Address: _____ Date: _____

Recommender should mail this form directly to:
School of Graduate Studies
UNC Pembroke
P.O. Box 1510
Pembroke, NC 28372