

The Graduate School
 1501 W. Bradley Ave.
 Peoria, IL 61625

BRADLEY
 U N I V E R S I T Y

Phone 309-677-2375
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 E-mail bugrad@bradley.edu
 Website www.bradley.edu/grad

Confidential Letter of Recommendation

Directions for the applicant: Please print the information in the box below, sign the waiver statement, and forward this form to the individual making the recommendation.

Name _____
Family/Last Given/First Middle/Other Maiden

Mailing Address _____

City _____ State _____ Country _____ Zip _____

Home Phone _____ Work Phone _____
(include area code) (include area code)

E-mail address _____ Date of Birth _____
(mm/dd/yy)

Country of Birth _____ Country of Citizenship _____

Term of Entry (Check One)
 ___ Fall Semester 20 ___
 ___ January Interim 20 ___
 ___ Spring Semester 20 ___
 ___ May Interim I (3 weeks) 20 ___
 ___ May Interim II (8 weeks) 20 ___
 ___ Summer Session I 20 ___
 ___ Summer Session II 20 ___

Male Female Social Security Number _____ Graduate program applied for _____

Optional Waiver of Rights under the Family Educational Rights and Privacy Act of 1974:
 I hereby waive ___ do not waive ___ my right to have access to this recommendation when completed, and understand that this confidential recommendation is to be used only in consideration for admission to the Graduate School at Bradley University.

 Applicant's Signature Date

Directions for the recommender: The person whose name appears above is applying to Bradley University's Graduate School. Your recommendation will be included as part of the information upon which we will base our decision for admission. Please give your appraisal of the applicant in terms of the qualities listed on both sides of this form. Return the completed recommendation to The Graduate School at the address above.

Abilities and Traits	Top 2% Unusually Outstanding	Next 13% Superior	Next 10% Good	Next 25% Average	Poor	No Information
Creativity						
Sense of responsibility						
Motivation						
Perseverance/ Ability to complete projects						
Ability to work effectively with others						
Ability to work independently						
Written communication skills						
Oral communication skills						
Problem-solving skills (Ability to formulate logical solutions to problems)						

Do you recommend this applicant?
 ___ Highly recommend ___ Recommend ___ Recommend with reservation ___ Do not recommend

Turn Page

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

2. What characteristics do you consider to be the most significant talents and strengths of the applicant? _____

3. What characteristics of the applicant need some improvement? _____

4. If the applicant's native language is not English, please tell us how well the applicant speaks and understands English.

5. How will a graduate degree benefit this applicant? _____

Please provide any additional comments about the applicant.

Recommender's Information:

Name: _____ Position/Title: _____
(Please print)

Institution/Company: _____

Address: _____ Daytime Phone: _____
Street City State Zip (include area code)

E-mail address: _____ Fax Number: _____

Recommender's Signature

Date

Please return this form to The Graduate School (address on front)
Thank you for your assistance.