## EMORY & HENRY COLLEGE

## GRADUATE PROGRAM RECOMMENDATION

M.A.Ed., Reading Specialist or History; M.A., Community & Organizational Leadership

Office of Graduate Admissions P.O. Box 947 Emory, VA 24327-0947 www.ehc.edu 800-848-5493

APPLICANT: Fill in the section below and give this form to the individuals you have chosen to recommend you for our graduate program. Ask each individual to complete this form and mail it to us. An additional letter of recommendation may also accompany this form. Please indicate whether you will waive your legal right of access to this form and any accompanying letter

whether you will waive you	ir legal right of acces	is to this form and any a	ccompanying	cttei.		
PLEASE PRINT OR TYPE:		Social Security Number —				
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Signature Date						
REFERENCE: You have mittee will review your eva retained his/her right of acc.  1. Please rate the applican work.	luation carefully as v cess to it (see above	ve make our decision. Yo ).	our recommen	dation will be treate	d as confidential	, unless the applicant has
Area of Evaluation	n	Outstanding	Good	Average	Poor	Unable to rate
Enthusiasm						
Ability to work well with oth	ers					
Dependability						
Promptness and thoroughne	ess					
Initiative						
Ability to do research						
Academic promise to do grad						
Communication Skills (writte	en)					
2. How long have you know 3. Please make any addition					arate sheet if nec	cessary).
Signature of reference					Date	
Name of reference (please	print)	Position		Institution/Busir	ness	