



**Please return to:**  
Westminster College  
Office of Graduate Admissions  
1840 South 1300 East  
Salt Lake City, Utah 84105  
(801) 832-2200, Fax (801) 832-3101  
[gradadmissions@westminstercollege.edu](mailto:gradadmissions@westminstercollege.edu)

### Graduate Programs Recommendation Form

**Part 1- APPLICANT:** Please complete the first part of this recommendation form. Give this form with a stamped envelope to each evaluator. Once they complete the form, the evaluator should send it directly to the Office of Graduate Admissions.

Name \_\_\_\_\_  
First Middle Last

is applying for admission to the Master of \_\_\_\_\_ Program at Westminster College.

*Failure to complete and sign the following section will be considered an expressed waiver of your rights.*

The Family Education Rights and Privacy Act of 1974 entitles Westminster graduate students to have access to letters of evaluation in their permanent record file at Westminster College. The applicant may waive this right of access to letters of evaluation, in which case letters will be considered confidential by Westminster College and will not be available to the student.

I hereby \_\_\_ waive \_\_\_ do not waive my right of access to this recommendation.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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**Part II- Evaluator:** Please complete the information requested on both sides of this form, place in a sealed envelope and mail directly to the Office of Graduate Admissions. This form is considered part of the student's application and is required before a decision is made. Your comments will be held completely confidential if the applicant has agreed to waive his or her rights above.

Evaluations are an integral part of the selection process; we sincerely thank you for your time writing on behalf of the applicant.

Sincerely,

The Graduate Admissions Committee

**Part II- Evaluator:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

1. I have known the applicant for \_\_\_\_\_ years, \_\_\_\_\_ months.
2. I know the applicant \_\_\_ slightly \_\_\_ fairly well \_\_\_ very well.
3. I have known this applicant as \_\_\_ an employee \_\_\_ an advisee \_\_\_ an undergraduate student \_\_\_ a graduate student \_\_\_ a teaching assistant \_\_\_ other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part III- Evaluation of Applicant:** Please rate the candidate on the following characteristics:

Characteristic	Exceptional	Above Average	Average	Below Average	Poor	No Basis for Judgment
Analytical Skills						
Verbal Skills						
Self-Discipline						
Initiative						
Creativity						
Maturity						
Teamwork						
Leadership Potential						
Overall Impression						

**Part IV-** On separate letterhead please describe this applicant’s intellectual ability, the applicant’s motivation and capacity for study or for acquiring professional skills, the quality of the applicant’s previous work, the applicant’s ability to manage projects, and the applicant’s character or personality.