ALCORN STATE UNIVERSITY
1000 ASU Drive #689
Alcorn State, MS 39096

RECOMMENDATION LETTER

TO THE APPLICANT: This form should be given to professors or employers who are able to comment on your qualifications for graduate study in your Program of Study. For the convenience of the person completing this form, you should include a stamped envelope addressed to the School of Graduate Studies, Alcorn State University, Alcorn State, MS 39096.

Under the Federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. However, those writing recommendations and those assessing recommendations may attach more significance to them if it is known that the recommendations will remain confidential. It is your option to waive your rights to access to these recommendations or to decline to do so, please check the appropriate phase below, indicating your choice of option, and sign your name before you ask for the recommendation.

_____ I waive my rights to review this recommendation.

_____ I do not waive my rights to review the recommendation.

Applicant's Signature_____ Date_____

Applicant's Name (Print)_____

_____

RECOMMENDATION

TO THE INDIVIDUAL PROVIDING THE RECOMMENDATION: Please use the reverse side of this sheet to write your letter of recommendation. It would be most helpful if you would indicate how long you have known the applicant and in what capacity. You should include comments on any or all of the following characteristics of the applicant: academic ability, general knowledge, oral and written skills, emotional maturity, motivation, ability to work with others, leadership skills, computer skills, initiative, and potential for professional success. Also, please indicate the strength of your overall endorsement of the applicant (i.e.**, highly recommended, recommended, recommended with some reservations, or not recommended**). Feel free to include any other comments that you deem pertinent to the applicant's potential to pursue graduate study. Thank you.

RECOMMENDATION

Applicant's Name (Print)_____

SIGNATURE	**DATE**	**INSTITUTION**
NAME (Please Print of Type)	**TITLE**	**ADDRESS**

PLEASE MAIL DIRECTLY TO: Dean, School of Graduate Studies, Alcorn State University, 1000 ASU Drive #689, Alcorn State, Mississippi 39096 or Fax To (601)877-6995 or Email To graduatestudies@alcorn.edu .

Revised March 2009