



RECOMMENDATION FORM

MAIL FORM TO: _____

www.embryriddle.edu/international

DAYTONA BEACH, FLORIDA:
 Embry-Riddle Aeronautical University
 Office of International & Graduate Admissions
 600 S. Clyde Morris Blvd.
 Daytona Beach, FL 32114-3900 USA
 Telephone: 386-226-6115
 Fax: 386-226-7070
 E-mail: international.admissions@erau.edu

NOTE: Reference forms for applicants to the M.S. Safety Science Program should be mailed directly to:

PRESCOTT, ARIZONA:
 Embry-Riddle Aeronautical University
 Office of International & Graduate Admissions
 3700 Willow Creek Road
 Prescott, AZ 86301-3720 USA

TO THE APPLICANT (Please complete the top portion of this form.)

Applicant's Full Name _____
Family/Last Given/First Middle

Degree Program _____

Current Mailing Address _____

Town or City _____ State/Province _____ Country _____ Postal Code _____

Under the Federal Family Educational Rights and Privacy Policy Act of 1974, students are entitled to review their records, including letters of recommendation. It is your option to waive your right to review these recommendations or to decline to do so. Please mark the appropriate box below and sign your name.

_____ I waive my right to review this recommendation _____ I do not waive my right to review this recommendation

TO THE PERSON PROVIDING THE RECOMMENDATION

(Please complete this section and the narrative on the reverse side, and return to the address shown at the top of this form.)

I have known the applicant for _____ years in my capacity as _____

1. Please rate the applicant on each characteristic in comparison to other students you know by circling the appropriate number:

	No Basis for Judgment	Weak	Below average	Average	Above	Exceptional
A.) Motivation for graduate work	0	1 2	3 4	5 6	7 8	9 10
B.) Intellectual ability for graduate work	0	1 2	3 4	5 6	7 8	9 10
C.) Breadth of general knowledge	0	1 2	3 4	5 6	7 8	9 10
D.) Ability to analyze ideas	0	1 2	3 4	5 6	7 8	9 10
E.) Oral English expression skills	0	1 2	3 4	5 6	7 8	9 10
F.) Written English expression skills	0	1 2	3 4	5 6	7 8	9 10
G.) I would expect the applicant's graduate work to be	0	1 2	3 4	5 6	7 8	9 10

2. On the back of this sheet, please provide your candid assessment of the applicant's strengths and weaknesses. In your opinion, does the applicant possess the intellectual and personal qualifications necessary for success? If the applicant were to apply to your department, would you support admission?

Respondent's Signature _____ Date _____ Telephone Number _____

Type or Print Your Name _____ Title or Position _____

Institution or Affiliation _____

Current Mailing Address _____

Town or City _____ State/Province _____ Country _____ Postal Code _____



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NARRATIVE EVALUATION

We appreciate the difficulty of evaluating a student only on the basis of ranking on a grid. Please use this side of the form for a narrative evaluation. We are particularly interested in information that will help us understand those intangible qualities that so often contribute to academic and professional excellence. If you prefer, feel free to attach a letter to this form.