



Letter of Recommendation to Supplement Application for Admission

THIS SECTION TO BE COMPLETED BY APPLICANT BEFORE FORM IS GIVEN TO WRITER OF RECOMMENDATION.

Name of applicant: _____ Last four digits of SSN: _____

Degree Sought: _____ Dept.: _____ Major/Specialization: _____

I voluntarily waive my right of access to this recommendation under Public Law 93-380 so that it may be kept confidential.

Notice about confidentiality: Public Law 93-390, the Family Education Rights and Privacy Act, applicants for admission do not have access to their records unless and until they enroll at Coppin State University. To ensure confidentiality of information within the spirit of the law, Coppin will use this form for the purpose of admission only. The professional reference and any other subjective supplemental statements sent on the applicant's behalf, will be destroyed before his/her matriculation at Coppin. Your comments are valuable. The appraisals of the applicant will greatly assist the Admissions Committee in reaching a decision in his/her best interest.

Original signature of applicant (photocopied signature not acceptable)

Please rate the applicant. Compare with others of like experience and position. Recommendation letters are accepted and must accompany this form.

Public Law 93-390 permits the student to inspect this recommendation if the above waiver is not signed.

	Upper 5%	Upper 10%	Upper 25%	Upper 50%	Lower 50%	No Basis for Judgment
Intellectual achievement						
General knowledge						
Oral communication skills						
Written communication skills						
Working with others						
Emotional maturity						
Imagination/creativity						

Context in which I have known applicant: _____ From: _____ to _____

(As instructor, advisor, supervisor, etc.)

General assessment of overall academic activity. Of the approximately _____ persons at a complete educational or professional level that I have known in recent years, I would rate this applicant in the upper _____ percent. **PLEASE NOTE: The individual completing the statement below must include the requested information, or provide a letter of reference (on letterhead) and an original signature. In addition, please write a statement below indicating your opinion of the applicant's ability to pursue advanced studies and achieve professional success in the field desired. Any pertinent information is valuable, but a specific evaluation of strengths and weaknesses is more helpful than general praise. Use reverse side if necessary.**

Name: _____

Original Signature: _____

Organization: _____

Position: _____

Phone: _____

Email: _____

Date: _____

Return Application and/or Forms to:

Coppin State University; School of Graduate Studies; 2500 West North Avenue; Baltimore, MD 21216

