



# WILLIAM PENN UNIVERSITY

RETURN TO:

WILLIAM PENN UNIVERSITY  
OFFICE OF ADMISSIONS  
201 TRUEBLOOD AVE  
OSKALOOSA, IA 52577  
ADMISSIONS@WMPENN.EDU  
641-673-2113 (FAX)

## RECOMMENDATION FORM GRADUATE PROGRAM

### TO BE COMPLETED BY APPLICANT

Applicant Name \_\_\_\_\_  
Last (Enter name exactly as it appears on official documents.) First Middle Jr., etc.

Report Requested of \_\_\_\_\_  
Reference Name, Place of Work

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

- I waive my right to review this recommendation.
- I do not waive my right to review this recommendation.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### TO BE COMPLETED BY RECOMMENDER

*How long and in what capacity have you known the applicant?*

*Please indicate your overall endorsement of the applicant by marking the appropriate box below:*

- Highly Recommend
- Recommend
- Recommend with Reservation
- Do Not Recommend

*Rate the Applicant based on the following criteria comparing the Applicant to peers.*

	Upper 5%	Upper 10%	Upper 25%	Middle 50%	Lower 25%	Not Able to Judge
Intellectual Ability						
Imagination and Creativity						
Ability to Work Independently						
Motivation and Perseverance						
Oral and Written Communication Skills						

*Please provide an attached statement on letterhead evaluating the person named above on their potential to be successful in graduate studies.*

Signed \_\_\_\_\_

Date \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_