

# BUENA VISTA UNIVERSITY

## Master of Science in Education

610 West Fourth Street • Storm Lake, Iowa 50588

Phone: 712-749-2162 • E-mail: grad@bvu.edu

### Graduate Program Recommendation Form

**INSTRUCTIONS TO THE APPLICANT:** Please complete the top section of each form before giving to a person acquainted with your education and abilities.

Applicant's Name: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

(Optional) I hereby waive my rights of access to this confidential recommendation as provided in the Educational Rights and Privacy Act of 1974.

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

**INSTRUCTIONS TO THE EVALUATOR:** Please complete the remainder of the form and return it to:

Buena Vista University  
Graduate Program Office  
610 West Fourth Street  
Storm Lake, Iowa 50588

How long have you known the applicant? \_\_\_\_\_

In what capacity did/do you know the applicant? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please rate the applicant as follows:

Characteristics	Below Average	Average	Above Average	Outstanding	Insufficient Knowledge for Rating
Ability to Pursue Graduate Study					
Ability to Study Independently					
Capacity for Clear Oral Expression					
Capacity to Write Clearly					
Intellectual Curiosity					
Initiative/Industry					
Dependability					
Maturity					

What is your evaluation of the applicant's past academic achievement, present motivation and future potential for graduate study and professional work?

What personal characteristics do you believe will have a positive or negative impact on the applicant's performance in both the graduate program and future professional work?

Among approximately (number) \_\_\_\_\_ of students I have known in comparable fields, I would rank this student in the upper \_\_\_\_\_ percent.

The group to which I am making this comparison (i.e., undergraduates at your institution): \_\_\_\_\_  
\_\_\_\_\_

---

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

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

Institution: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

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

**Please return this recommendation form to:**

Buena Vista University  
Graduate Program Office  
610 West Fourth Street  
Storm Lake, Iowa 50588