



**GRADUATE ASSISTANTSHIP AND GRADUATE RESEARCH ASSISTANTSHIP  
RECOMMENDATION FORM**

**To the Applicant:** Complete the top portion of the form and give it to your sponsor. You should select a person who is able to appraise your qualifications for an appointment as a graduate assistant. You should provide the recommender with a self-addressed stamped envelope to Office of Graduate Research Services, Rowan University, South Jersey Technology Park, 107 Gilbreth Parkway, Mullica Hill, NJ 08062.

Name of Applicant: \_\_\_\_\_ Banner I.D. No. \_\_\_\_\_

Graduate Assistant Assignment Sought: 1st choice: \_\_\_\_\_ 2nd choice: \_\_\_\_\_

Name of Sponsor Recommending Applicant: \_\_\_\_\_

Right of Access: The Federal Family Educational Rights and Privacy Act of 1970 gives students and graduates the right of access to their records including letters of recommendation. It is your option to waive your right of access or decline to do so. Please mark the appropriate phrase below indicating your choice of option and sign your name.

I do \_\_\_do not\_\_\_ waive my right to review this recommendation.

Signature of Applicant: \_\_\_\_\_

**To the Recommender:** Your candid response to the questions in this form will help us to evaluate the applicant's qualifications for consideration as a graduate assistant. Please return this completed form to The Office of Graduate Research Services at Rowan University. Thank you for providing this information.

Recommender's name (please print) \_\_\_\_\_ Title \_\_\_\_\_

School/Company \_\_\_\_\_ Department \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Signature of Recommender \_\_\_\_\_ Date \_\_\_\_\_

1. How long have you known the applicant and in what capacity? \_\_\_\_\_

2. Based upon your observation, how do you rate the applicant on the following characteristics in comparison with other students with the same level of training? **5 = Outstanding; 4 = Superior; 3 = Average; 2 = Below Average; 1 = No Basis for Judgement**

1. Capacity for Independent Work \_\_\_\_\_

2. Motivation \_\_\_\_\_

3. Resourcefulness \_\_\_\_\_

4. Ability to Work with Others \_\_\_\_\_

5. Organizational Ability \_\_\_\_\_

6. Seriousness of Purpose \_\_\_\_\_

7. Dependability \_\_\_\_\_

8. Communication Skills (Oral/Written) \_\_\_\_\_

3. How do you rate the applicant in overall ability and promise in comparison with other students with the same level of training? (Check one)

- |  |  |  |  |  |  |
|--|--|--|--|--|--|
| <input type="checkbox"/> Equal to the best in any department | <input type="checkbox"/> Will perform at a superior level wherever hired | <input type="checkbox"/> Performance should be up to average of most graduate assistants | <input type="checkbox"/> Qualifications marginal, but warrants consideration | <input type="checkbox"/> Questionable whether selection as a graduate assistant is warranted | <input type="checkbox"/> Not Able to Judge |
|--|--|--|--|--|--|

If you would like to discuss this applicant's qualifications for a graduate assistantship in greater detail, please feel free to provide additional information on the reverse side of this form or attach a separate letter.

Please send this completed form directly to:  
Office of Graduate Research Services  
Rowan University  
South Jersey Technology Park  
107 Gilbreth Parkway  
Mullica Hill, NJ 08062