

HAMPTON UNIVERSITY

APPLICANT EVALUATION AND RECOMMENDATION

THIS SECTION TO BE COMPLETED BY APPLICANT. (Please type or print)

Last Name _____ First _____ Middle _____

Social Security Number _____ Proposed Major _____

Name of Recommender _____

Date by which this form should reach Hampton University _____

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are permitted to waive their right of access to recommendations. The following statement indicates the wish of the applicant regarding this recommendation:

I waive I do not waive my right to inspect the contents of the following recommendation.

Signature _____ Date _____

NOTE: This waiver is not required as a condition for admission, receipt of financial aid, or any other service and benefits from Hampton University. It is a Hampton University policy that all letters of recommendation be used for the admission process only and will be disposed of after they have served this purpose.

TO THE RECOMMENDER: We would appreciate your opinion of this applicant for graduate study, including comments on strengths and weaknesses, creativity, initiative and aptitude for advanced study. How long and in what capacity have you known the applicant? How does the applicant compare to students you have known who have attended graduate school in recent years? Any other relevant information you care to include will be welcomed. Please attach your personal letter to this form. SPECIAL NOTE: For applicants to an education program, please include information regarding the candidate's intellectual competence, enthusiasm for the subject, and concern for the teaching profession. Please include information concerning any qualities, which may indicate an aptitude for teaching.

PLEASE RETURN THE COMPLETED FORM DIRECTLY TO:
THE GRADUATE COLLEGE
HAMPTON UNIVERSITY
HAMPTON, VIRGINIA 23668