

**Faulkner University
Graduate Recommendation Form**

Applicant's Name _____

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

In your opinion, is the applicant qualified for admission to this program?

Are you aware of any characteristics that you consider weaknesses of the applicant?

	Excellent	Good	Average	Below Average	Low	Unknown
Preparation for graduate study						
Initiative						
Leadership Ability						
Capacity for analytical thinking						
Ability to develop graduate research skills						
Work ethic						
Writing ability						
Character						
Oral communication						
Teamwork						
Persistence						

Do you recommend this applicant for graduate study?

Additional Comments

Reference's Name _____

Address _____

Phone Number _____

Position or Title _____

Signature of Reference _____

Date _____

Please return completed form to the following address:

Faulkner University
ATTN: Graduate Enrollment
5345 Atlanta Hwy
Montgomery, AL 36109

Or scan a copy to:
graduateenrollment@faulkner.edu