

BELMONT UNIVERSITY

Graduate Programs Applicant Recommendation Form



To be completed by the applicant:

Name _____ Birthdate (MM/DD/YYYY) _____

Address _____ City/State/Zip _____

Phone Number _____ E-mail Address _____

Note to Candidate:

Please enter your name above and deliver one copy of this form to two individuals who will provide you with a recommendation. Under the Family Educational Rights and Privacy Act of 1974, students enrolled at Belmont University have access to their educational records, including letters of evaluation. However, students may waive their right to see letters of evaluation, in which case the letters will be held in confidence. If the applicant has not signed the waiver below, he or she may request to see the recommendation forms after enrolling at Belmont University. If you wish to waive your right to examine the recommendation submitted by the person to whom this form is being given, please sign here:

Signature of Applicant

Date

Please indicate the term for which you are applying: Fall 20 _____ Spring 20 _____ Summer 20 _____

Please check the program for which you are applying:

Business

MBA

Accounting

MACC

Education

MAT Montessori
 Teacher Licensure

MEd Reading Specialist Nonprofit Leadership
 Learning and Organizational Change
 Organizational Leadership and Communication

Sport Administration

MSA

English

MA

Nursing

MSN FNP Education

Music

MM Church Music Composition Music Education
 Pedagogy Performance

To be completed by evaluator:

The person whose name appears on this form is applying for admission to a graduate program at Belmont University. It would be very helpful to the Admissions Committee if you would give us your assessment of the applicant. This form is only a guide, and any comments are welcomed. Any information you provide will be considered strictly confidential. We greatly appreciate the time and effort on your part in giving us your appraisal of this candidate.

Please describe those qualifications, traits or accomplishments you feel are significant in demonstrating the applicant's ability to complete the program to which he or she is applying:

In what areas do you think the candidate needs the most improvement? _____

How well do you think the applicant has considered plans for graduate study? _____

How well do you think the applicant will perform in an environment that stresses a high degree of teamwork, independent thought and action and personal motivation?

<i>In terms of the qualities listed below, please evaluate the applicant:</i>	Exceptional (Top 5%)	Outstanding (Top 15%)	Above Average (Top 1/3)	Average (Middle 1/2)	Below Average (Bottom 1/3)	Not Able to Rate
Emotional stability						
Analytical ability						
Ability to work with others (teamwork)						
Written communication						
Oral communication						
Leadership potential						
Motivation and organization						
Ethical behavior						
Problem solving						
Intellectual ability	<i>This section for Music Only</i>					
Performance ability						
Knowledge of music (history and theory)						
Aural Skills						

Highly Recommend

Recommend

Recommend with Reservation

Do Not Recommend

You may attach any additional comments you feel would help us in assessing this applicant. Please forward this form to:
Belmont University, Office of Admissions, 1900 Belmont Blvd., Nashville, TN 37212-3757 or fax to 615-460-5434.

Signature

Date

Name (type or print)

Position

School/Company

City

State

Zip

Telephone