

THE UNIVERSITY OF NORTH CAROLINA AT  
PEMBROKE  
School of Graduate Studies  
Request for Academic/Professional Recommendation

Applicant's Full Name \_\_\_\_\_  
(First) (Middle) (Last)

Degree Sought: MA \_\_\_\_\_ MAT \_\_\_\_\_ MAEd \_\_\_\_\_ MBA \_\_\_\_\_ MPA \_\_\_\_\_ MSA \_\_\_\_\_ MSW \_\_\_\_\_

Intended Program: \_\_\_\_\_

I agree that the recommendation I am requesting will be held in confidence by officials of The University of North Carolina at Pembroke and I waive any right I may have to examine it. Yes \_\_\_\_\_ No \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ALL sections below should be completed by the academic/professional recommender.

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

2. Evaluate this applicant, comparing her/him with other students/employees at similar stages of their academic/professional careers.

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGEMENT
Ability to communicate (orally)					
Ability to communicate (written)					
Ability to work with others					
Creativity					
Exhibits potential to pursue graduate study					
Initiative					
Leadership					
Work habits					
Overall rating					

3. Elaborate on one or more of the listed characteristics that demonstrates the candidate's particular aptitude for graduate study in his/her chosen field.

Recommender's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Recommender's Signature: \_\_\_\_\_ Position/Title \_\_\_\_\_

Institution/Affiliation: \_\_\_\_\_ School (if applicable): \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date: \_\_\_\_\_

**Recommender should mail this form directly to:**  
**School of Graduate Studies**  
**UNC Pembroke**  
**P.O. Box 1510**  
**Pembroke, NC 28372**