GRADUATE PROGRAM RECOMMENDATION FORM

Name of Applicant: ________________________________________________________

The above individual has completed an application for admission to the Master of Science degree in Kinesiology at Cal State Fullerton. You can help greatly in the evaluation of this applicant by giving us your opinion concerning her/his academic abilities and potential for success in a graduate program. Please evaluate the applicant with reference to other students you have known in the same capacity.

Length of time you have known the applicant: _____________________
In what capacity? ____________________________________

<table>
<thead>
<tr>
<th>Academic ability</th>
<th>Upper 10%</th>
<th>Upper 25%</th>
<th>Upper 50%</th>
<th>Lower 50%</th>
<th>Do not know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiative/Potential to succeed</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Written communication ability</td>
<td>☐</td>
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<tr>
<td>Oral communication ability</td>
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<td>Laboratory and/or practical ability</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
</tbody>
</table>

Recommendation: □ This applicant is highly recommended
□ This applicant is recommended
□ This applicant is recommended with some reservations
□ This applicant is not recommended

Please attach additional written comments with reference to the applicant’s strengths and weaknesses.

Name of Recommender: ____________________________________________________
Position: __________________________________________________________________
University/Institution: __________________________________________________________________
Signature: ___________________________ Date: _____________

Please return to:
California State University, Fullerton
Department of Kinesiology
ATTN: Graduate Program Coordinator
800 N. State College Blvd – KHS 121
Fullerton, CA  92831