



CALIFORNIA STATE UNIVERSITY, FULLERTON

College of Health & Human Development

Department of Kinesiology

P.O. Box 6870, Fullerton, CA 92834/92834-6870 / T 657-278-3316 / F 657-278-5317

GRADUATE PROGRAM RECOMMENDATION FORM

Name of Applicant: _____

The above named 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? _____

	Upper 10%	Upper 25%	Upper 50%	Lower 50%	Do not know
Academic ability					
Initiative/Potential to succeed					
Written communication ability					
Oral communication ability					
Laboratory and/or practical ability					

- 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: _____

Return to:
 California State University, Fullerton
 Department of Kinesiology
 ATTN: Graduate Program Coordinator
 800 N. State College Blvd – KHS 121
 Fullerton, CA 92834

KHP Grad Program 9/16

THE CALIFORNIA STATE UNIVERSITY

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