



## GRADUATE PROGRAM RECOMMENDATION FORM

Name of Applicant: \_\_\_\_\_

The above named student 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative/Potential to succeed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory and/or practical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 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:***

KNES Graduate Program, Admissions  
California State University, Fullerton  
P.O. Box 6870  
Fullerton, CA 92834-6870

*KNES Grad Program 10/09*