



Recommendation Form A: Academic/Professional Preparation

Applicant, please print or type the following information:

Name of candidate _____ Date of birth _____

Desired graduate program _____

Name of evaluator _____ Position/Institution _____

Optional Declaration of Waiver: I hereby waive my right to examine this recommendation.

Signature of applicant _____ Date _____

To the evaluator:

Please give your evaluation of the candidate's promise for graduate study at the University of Portland. Based on your direct observation of the candidate (as an academic instructor or professional supervisor) please evaluate the candidate's preparation, intelligence, originality, research skills, and other pertinent qualities. (If you prefer to provide your evaluation on a separate letter of reference, please submit along with this form to **pace@up.edu**). Please also complete the summary rating below.

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Summary rating Excellent Above average Average Below average Poor _____

Signature _____ Date _____

The evaluator should email this recommendation directly to: **pace@up.edu**. If you are unable to email please mail hard copies to: School of Education - PACE Office, University of Portland, 5000 N. Willamette Blvd., Portland, Oregon 97203-5798

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