

Recommendation
M.S. in Gerontology/Certificate in Gerontology
Kansas State University

Applicant's Name: _____

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are also permitted to waive their right of access to recommendation. The following signed statement indicates the wish of the applicant regarding this recommendation.

_____ I waive my right to inspect the contents of the following recommendation.
 _____ I do not waive my right to inspect the contents of the following recommendation.
 (If you fail to check your preferences under the Act, your references will automatically be considered confidential.)

Applicant's Signature _____ Date _____

The individual named above is applying for admission to a master's degree program in the Center on Aging, College of Human Ecology. Your evaluation of the applicant's competence will assist the school's selection process.

How long have you known applicant? _____
 In what capacity? _____

Compared with others you have known in this capacity, how would you rank the applicant's academic ability?

_____ Top 1% _____ Top 5% _____ Top 10% _____ Top 25% _____ Top 50% _____ Below 50%

Please CHECK the appropriate evaluation:

	Extra- Ordinary	Out- standing	Above Average	Average	Below Average	No Basis to Rank
Intellectual Ability	_____	_____	_____	_____	_____	_____
Grasp of Social Sciences	_____	_____	_____	_____	_____	_____
Interest in Applied Research	_____	_____	_____	_____	_____	_____
Experience in Human Services	_____	_____	_____	_____	_____	_____
Interest in Providing Human Services	_____	_____	_____	_____	_____	_____
Self Motivation	_____	_____	_____	_____	_____	_____
Perseverance	_____	_____	_____	_____	_____	_____
Organization	_____	_____	_____	_____	_____	_____
Creativity	_____	_____	_____	_____	_____	_____
Responsibility	_____	_____	_____	_____	_____	_____
Likelihood of Completing Degree	_____	_____	_____	_____	_____	_____

Please attach your Letter of Recommendation or use the back of this form to discuss factors which are relevant to the applicant's potential for success as a graduate student and as a human services professional. Which factors are likely to facilitate success or cause difficulty for the applicant in graduate studies? Incomplete recommendations will not be considered.

Your Signature _____ Date _____
 Name (printed/typed): _____
 Position/Title: _____
 Address: _____

**PLEASE SUBMIT ORIGINAL
 AND ONE COPY OF THIS
 FORM AND ATTACHMENTS**

Please return to: Pam Evans
 Center on Aging
 Kansas State University
 103 Leasure Hall
 Manhattan, KS 66506-3501