

Recommendation Form
CRIMINOLOGY GRADUATE PROGRAM
(At least two recommendations should come from academicians)

APPLICANT: Please print your name and sign the confidentiality waiver option.

Name of Applicant: _____
Last First Middle

I, the above-named applicant, WAIVE _____ DO NOT WAIVE _____ any right to read or obtain copies of this form after it has been completed by the recommender.

Signature of Applicant

TO THE RECOMMENDER:

We appreciate your candid assessment of this applicant for graduate study in Criminology. Using official letterhead, please provide your assessment for this applicant in the following areas:

- The length of time and in what capacity you have known the applicant
- Quality of previous and academic preparedness
- Scholarly potential and promise for the study of the academic field of Criminology
- Degree of originality and intellectual curiosity
- Written and oral expression capacity
- Logical and analytic potential
- Aptitude to conduct research in Criminology
- Motivation, initiative and ability to work independently
- Personality, integrity and character relevant to graduate study of Criminology
- Particular strengths or weaknesses

Overall, please rank the applicant's overall potential for graduate study in Criminology:

- | | |
|--|--|
| <input type="checkbox"/> No basis for judgment | <input type="checkbox"/> Highly Recommended |
| <input type="checkbox"/> Below average | <input type="checkbox"/> Recommended |
| <input type="checkbox"/> Average | <input type="checkbox"/> Recommended with reservations |
| <input type="checkbox"/> Top 40% | <input type="checkbox"/> Not recommended |
| <input type="checkbox"/> Top 25% | |
| <input type="checkbox"/> Top 10% | |
| <input type="checkbox"/> Top 5% | |

Signature: _____

Print Name: _____

Position/Title: _____

College/Organization: _____

Address: _____

Please return this form and the letter to:

CRIMINOLOGY GRADUATE PROGRAM · DEPARTMENT OF CRIMINOLOGY
CALIFORNIA STATE UNIVERSITY, FRESNO
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