

UNIVERSITY of the CUMBERLANDS

RECOMMENDATION FOR GRADUATE PROGRAM

This form should be returned to: **GRADUATE ADMISSIONS**
7792 COLLEGE STATION DRIVE
WILLIAMSBURG, KY 40769

Name of Graduate Student: _____

Name of Person Reporting: _____

Position of Person Reporting: _____

Address of person Reporting: _____

Relationship of Person Reporting to Graduate Student: Principal Colleague
Student Supervisor Other (Please Specify) _____

Rating Scale: 1-Not Observed 2-Below Average 3-Average 4-Above Average

Strong Work Ethic:

- ___ Goals/High Expectations for Self
- ___ Judgment and Integrity
- ___ English, Spoken and Written
- ___ Dependable

Critical/Creative Thinking:

- ___ Flexible
- ___ Provides for All Learners
- ___ Knowledge of Content
- ___ Social Sensitivity

Caring:

- ___ Service and Leadership Skills
- ___ Positive/Respectful Attitude
- ___ Emotional Control
- ___ Cooperative

Professional Ethics:

- ___ Physical Vitality
- ___ Personal Appearance
- ___ Purpose/Professional Point of View
- ___ Use of Technology

Comments:

Signature of Person Reporting: _____ Date: _____