Recommendation Form

MSAJ Weekend Program Center for Juvenile Justice Training and Research

Shippensburg University 1871 Old Main Drive Shippensburg, PA 17257 717-477-1704

PART A	TO BE COMPLETED BY THE APPLICAN	г								
Name (Print)	Last	First	Middle							
I hereby agree that the recommendation I am requesting shall be held to examine it.		l be held in strictest conf	idence by officials of t	CJJT&R, and I waive my rights						
Note to college placement offices: If your office maintains a confidential recommendation for students and alumni, we would appreciate it if you would forward such files to our office. Attach this form.										
	Signature of Applicant:		Date:							
PART B	TO BE COMPLETED BY THE RECOMME	NDOR								
How long and in what capacity have you known the applicant?										
We would appreciate your assessment of the applicant's scholarship, personality, character, and professional promise. Please include in the statement an assessment of strengths and weaknesses. If additional space is needed, please feel free to attach additional sheets of paper.										
STATEMENT	:									

Summary Evaluation	Below Average	Average	Above Average		Unusual	Outstanding	Truly Exceptional	Unable to Rate			
Applicant's promise as a graduate student in comparison with others of similar age and experience.											
	Lowest 20%	Middle 20%	Next 25%		Next 25%	Almost Top 5%	Top 5%				
Research Aptitude											
Intellectual Potential											
Ability to Work With Others											
Creativity and Imagination											
Maturity											
Self-Confidence											
Communication Skills: Oral											
Communication Skills: Written											
Ability to Analyze a Problem/ Formulate Solution											
Motivation for Proposed Program of Study											
Potential for Impacting Juvenile Justice System											
Potential for Career Advancement											
	Not recommended Recommended with Recommended Highly Recommended some reservations										
	ne strength of y	our overall end	orsement by pla	acing an "X" along	the scale above	۱.					
Signature			Please Print Last Name			Date					
Position	Organization										
Address											
Please mail directly to: CJJT&R, Shippensburg University, 1871 Old Main Drive, Shippensburg, PA 17257											