

# BETHUNE-COOKMAN UNIVERSITY

## Recommendation Form

### School of Graduate Studies

640 Dr. Mary McLeod Bethune Boulevard, Daytona Beach, FL 32114-3099  
1.866.274.0773; 386.481.2342; Fax: 386.481.2380. www.cookman.edu

Student Applicant: Complete this section and give it to your recommender.

Student's Legal Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip)

I  do I  do not waive my right to view this letter of recommendation.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Recommender:

How well do you know the applicant? How long and in what capacity? \_\_\_\_\_

Give your opinion of the applicant's ability (i.e., intellectual ability, motivation, work habits) to do graduate work in the intended field of study.

If additional space is needed, please attach a separate sheet to this form.

This Student is: Highly Recommended  Recommended  Not recommended  I prefer to discuss this personally; please call me.

Name of Recommender \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Telephone# \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_