## Master of Science - School Health

## PITTSBURG STATE UNIVERSITY COLLEGE OF EDUCATION GRADUATE STUDY RECOMMENDATION FORM

Applicant's Name				PSU ID #			
••	Last	First	Ν	liddle			
Recommender's Nar							
	Last	First	Middle				
Please choose wheth	Complete the information her or not you wish to w ed unless you have chec	aive your right of acco	ess to this				
I waive my	rights to see this form a	nd any supplementary	comment	s or letter	, if writte	n.	
I do <u>not</u> wai	ve my rights to see this	form and any supplem	nentary co	mments o	r letter, if	written.	
Signature			Date				
	bove is applying for adn ersity. Please complete t						
1. a. How long	have you known the app	licant? Le	ss than on	e year	Ŋ	lears	
b. How do yo	ou know the applicant?						
2. Please rate the	applicant on the traits sh	own below using the	following	rating sca	le:		
	<ol> <li>Candidate is above</li> <li>Candidate consiste</li> <li>Candidate inconsis</li> <li>Candidate does no</li> </ol>	ntly displays the disp stently displays the disp	osition. sposition.	osition.		Not Able	
Academic Ability f	or Graduate Work	1	2	3	4	to Judge	
Communication Ski	ills	1	2	3	4		
Success in Forming	Professional Relationsh	ips 1	2	3	4		
Motivation and Dil	igence	1	2	3	4		
-	xamination as it relates sional Development	to 1	2	3	4		
Potential as a Practi	tioner	1	2	3	4		

3. If you alone were making the decision for admission, which of the following would it be?

Accept - The applicant should complete the master's degree and be a successful practitioner. Accept, but with reservation - Please explain including comments concerning ability, motivation, or personal characteristics to be successful as a student and/or practitioner.

Do not accept - Please explain.

4. Please provide a few comments giving your evaluation of the applicant's suitability for study with special reference to initiative, intelligence, and ability to complete tasks on time. A statement about the applicant's emotional stability, maturity, and ability to collaborate with colleagues and supervisors would be particularly important for individuals applying to our practitioner programs.

Name (Print or Type)	
Title/Position	
Signature	
Address	
Telephone	

Please complete and return	this form	promptly	via	email	to:
teachered@pittstate.edu					