



Please complete the top of the form and save the PDF. Then email it to 3 respondents. (References should be professional and include one supervisor or administrator. The graduate school does not accept references from pastors, friends or family members.)
Once they complete the bottom section, they need to email it to gradinfo@gardner-webb.edu.

TO THE APPLICANT: (Please complete)

Name _____
Last First Middle Maiden

Address _____
Street City State Zip Code

Home Phone _____ Cell Phone _____ Email _____

Program _____

Please select one:

- I waive the right to review this recommendation. I do not waive the right to review this recommendation.

Applicant's Signature _____ Date _____

By checking this box and typing my name in the signature field, I am electronically signing this document.

TO THE RESPONDENT:

The above has given your name as a reference to support his/her application for graduate study as a candidate for Gardner-Webb University's Graduate program indicated above. Careful attention will be given to your appraisal. Please check each characteristic in the appropriate column. Comparison should be made with qualified peers of the applicant. **Please evaluate the applicant on the following items:**

	Superior (Top 10%)	Good	Average	Below Average	Inadequate Opportunity to Observe
Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scholarship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intelligence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written Expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral Expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Reliance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Qualities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teaching Potential, if applicable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (academic and professional fitness, interests, etc.) _____

Would you recommend this applicant for acceptance to the Gardner-Webb University Graduate Program indicated above?

- Please select one: Recommend with enthusiasm Recommend with confidence Recommend
 Recommend with reservation Not Recommend

Signature _____

By checking this box and typing my name in the signature field, I am electronically signing this document.

Title, Dept. & Organization _____

Address _____ Phone Number _____

Relationship to Applicant _____ Duration of Relationship _____

Remarks _____