



LANDER UNIVERSITY

Recommendation for Admission
to the Graduate Degree Program

1-888-4LANDER
admissions@lander.edu
www.lander.edu

All students applying for admission to the graduate program must submit **three** recommendation forms.

Name of applicant _____
Last First Middle/Maiden

Date of Birth _____

TO THE RECOMMENDER: Because of federal legislation giving students access to educational records, Lander University will guarantee the confidentiality of your statement only if the applicant has signed the waiver below.

APPLICANT WAIVER OF RIGHT OF ACCESS TO CONFIDENTIAL STATEMENT: I hereby freely and voluntarily waive my right of access to any information contained on this recommendation form and agree that the information shall remain confidential.

Signature

Date

Please check below the appropriate rank of the applicant relative to other persons recently enrolled or employed in your program or organization.

	Highest 10%	Highest 25%	Upper Half	Lower Half	Not Able to Rate
Motivation for academic success					
Knowledge of subject matter					
Writing ability					
Oral language skills					
Ability to understand theoretical concepts					
Intellectual vitality					
Ability to complete research					
Ability to relate well with others					
Promise of success in a professional setting					

Highly Recommended

Name _____

Recommended

Position _____

Not Recommended

Institution _____

Additional comments may be made on the reverse side of this page.

City & State _____

Mail to: Office of Admissions

Zip Code _____

CPO Box 6007

Lander University

Signature _____

320 Stanley Avenue

Greenwood, South Carolina 29649-2099

Date _____