TROY UNIVERSITY
Recommendation Form

Students must submit a letter of recommendation as part of their admission to Troy University. Please follow the instructions below.

1. Select someone (e.g. academic advisor, professor, work associate, friend, etc.) to complete the letter.
2. Once the letter is completed, fax it to 1-910-484-7835 or mail it to:

Troy University
Attn: Student Records
811 Stamper Road
Fayetteville, NC 28311

PRINT CLEARLY OR TYPE

Date: _____

1. **Applicant's Name:** _____

2. **How long and in what capacity (e.g. academic advisor, professor, friend, work associate, etc.) have you known the applicant?**

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(over)

3. **Using the scale: 1 = Excellent; 2 = Above Average; 3 = Fair; 4 = Unknown, rate the applicant on:**

— Cooperativeness – (Ability to work independently and/or within a group setting)
— Competency in professional performance
— Leadership
— Scholarly potential
— Ability to communicate orally
— Interpersonal Skills
— Organizational Skills
— Perseverance
— Knowledge of subject matter (If appropriate)
— Initiative
— Creativity
— Analytical ability
— Intellectual capacity to engage in scholarly activities
— Ability to communicate in writing
— Potential for contributing to the profession
Enthusiasm for learning
— Reliability

4. **Please provide additional comments regarding the applicant's potential for success in a graduate program. These comments may include items such as prior academic success, critical thinking or problem solving abilities, leadership skills, initiative, accountability, etc.** ***A few comments in your own words are highly desirable.***

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Your Name: _____ **Position**: _____

Name of Your Organization: _____

Phone: (_____) _____

Your Signature: _____