

**TROY UNIVERSITY**  
**Recommendation Form**

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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 1-703-525-5844 or mail it to:

**Troy University**  
**Attn: Student Records**  
**P.O. Box 1032**  
**Ft. Myer, VA 22211**

**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?**

**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) | — Initiative  |
| — Competency in professional performance  | — Creativity  |
| — Leadership  | — Analytical ability                                      |
| — Scholarly potential   | — Intellectual capacity to engage in scholarly activities |
| — Ability to communicate orally   | — Ability to communicate in writing                       |
| — Interpersonal Skills  | — Potential for contributing to the profession            |
| — Organizational Skills   | — Enthusiasm for learning                                 |
| — Perseverance  | — Reliability   |
| — Knowledge of subject matter (If appropriate)                                    |   |

**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.**

**Your Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Name of Your Organization:** \_\_\_\_\_

**Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Your Signature:** \_\_\_\_\_