

Recommendation Form

Please Check as to the Program You Are Applying

- Master of Landscape Architecture**
- Master of Regional and Community Planning**

Department of Landscape Architecture/Regional and Community Planning

Kansas State University, 302 Seaton Hall
 Manhattan, KS 66506-2909
 Phone: 785-532-5961
 e-mail: la-rcp@ksu.edu

Please type or print legibly. This section to be completed by applicant before being given to the recommender.

Name of applicant _____

Name of recommender _____ Title _____

Institution or Organization of recommender _____

Optional Section: Under the provision of the Family Educational Rights and Privacy Act of 1974, I waive my rights to access of this letter of recommendation; Kansas State University may consider it confidential.

Signature _____ Date _____

This Portion to be completed by Recommender: In the space below, please comment on the applicant's ability to carry on graduate study and research, his/her general character, stability, and preparation for a professional career in Planning. Compare the applicant to other potential graduate students you have known. Your response may be typed or neatly handwritten. Your prompt reply will be sincerely appreciated. Please feel free to continue comments on the other side. A letter may be stapled to this form if preferred.

Please rate the applicant, compared with others whom you have known at similar stages in their careers by placing an "x" in the proper box.

	Exceptional Top 10%	Outstanding Top Quarter	Very Good Top Third	Good Top Half	Bottom Half	No Basis for Judgment
Knowledge and intellectual ability						
Motivation & perseverance toward goals						
Ability to work independently						
Ability in oral expression						
Ability in written expression						
Emotional maturity						
Ability/potential for college teaching						
Ability to plan and conduct research &/or professional design						

I would rank this student in the top _____ % of approximately _____ students I have taught in _____ years.

Name (Printed) _____ Title _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Signature _____ Date _____