Letter of Recommendation

Name:								
Address:	Last	First			Middl	Middle		
	Number and Street							
	City	State/Country			Zin Co	Zip Code		
	City							
	nless you have waive	Rights and Privacy Act of ed such access. Please	check on	e of the follow	ving statemen			f admitted and
	I hereby waive my right of access to this letter of recommendation. I do not waive my right of access to this letter of recommendation.							
appreciate y page, or on	your candid evaluat	ned above is applying f ion of this applicant's p lease describe specific graduate school.	potential t	o undertake	and complete	the proposed p	program. On t	the back of this
	dations are to be e <u>Captechu.edu</u> .	-mailed from the reco	mmender	to the docto	orate admission	ns office at Ca	pitol Technol	ogy University,
As ar	n undergraduate stu	oeen associated with yo udent As a gr As an e	aduate stu	udent.	As an a	academic advis	see.	
How long applicant?	have you known thi	s						
How would	you rate this applic	ant's overall ability to s	successful	lv undertake	the graduate r	program indica	ted above?	
		Very Good				Average Below Averag		
Please rate	this applicant in the	e following areas relativ	ve to othe	rs you have b	een associated	d with in a simi	lar role:	
			Тор 2%	Top 3-10%	Top 11-25%	Top 26-50%	Lower 50%	Unable to Judge
Ability in Or	ral Expression:							
Ability in W	ritten Expression:							
Ability to Co	onduct Independent R	lesearch or Scholarship:						
Intellectual								
Analytic Ab								
	demic Ability:							
Academic A	bility in Applicant's N	lajor Field:						
Additional (Comments: (Please a	attach a separate shee	t.)					
Name of R	ecommender: Signature							
Title	Date							
Institution	Address							



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