### Form 1 Recommendation for Graduate Study

**School of Forestry**

**Northern Arizona University**

**NAU Box 15018 Flagstaff, Arizona, U.S.A. 86011-5018**

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Last Name** |  | **First Name** |  | **Middle Name** |

***Please keep your current address on file with NAU: Log in to LOUIE at http://www.nau.edu/louie***

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| Please read the following carefully before issuing or completing this form: | | | | | | | | | | | | | | | | | | | | | |
| TO THE CANDIDATE: | | | | Please check one of the following options before you send or give this form to the person recommending you. This form will not be accepted if you fail to designate the option of your choice or fail to sign below. | | | | | | | | | | | | | | | | | |
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| PLEASE CHECK ONLY ONE OPTION | |  | NON-CONFIDENTIAL RECOMMENDATION. The above-named person elects to keep this recommendation | | | | | | | | | | | | | | | | | | |
|  | |  | non- confidential recommendation may be shown to the candidate at his or her request. | | | | | | | | | | | | | | | | | | |
|  | |  | CONFIDENTIAL RECOMMENDATION. I elect to keep this recommendation confidential and I waive all my rights of access to this recommendation, whether visual, oral or written, as provided in the Family | | | | | | | | | | | | | | | | | | |
|  | |  | Educational Rights and Privacy Act of 1974 and its amendments. I understand that this recommendation will not be available for my inspection now or in the future. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | Date: | |  | | |
|  | | | | | | | | | | Candidate's Signature and Date (Must be signed to be valid) | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| TO THE RECOMMENDER:  The person whose name appears on this form wishes to ask you for a recommendation regarding his or her qualifications for graduate study in forestry. Your honest and careful statement and evaluation will be appreciated. Please rate this applicant in comparison with other students of the same age and position. | | | | | |  | | | Please check appropriate box for each category | | | No Basis for Judge-ment | | | Lower  Half | | | Upper Half but not Upper 25% | | Upper 25% but not Upper 2% | Upper 2% |
|  | | | | | |  | | | Native Intellectual Ability | | |  | | |  | | |  | |  |  |
|  | | | | | |  | | | Breadth of General Knowledge | | |  | | |  | | |  | |  |  |
|  | | | | | |  | | | Initiative and Resourcefulness | | |  | | |  | | |  | |  |  |
|  | | | | | |  | | | Interest in Their Field | | |  | | |  | | |  | |  |  |
|  | | | | | |  | | | Oral Expression Ability | | |  | | |  | | |  | |  |  |
|  | | | | | |  | | | Written Expression Ability | | |  | | |  | | |  | |  |  |
|  | | | | | |  | | | Ability to Work with Others | | |  | | |  | | |  | |  |  |
|  | | | | | |  | | | Emotional Maturity | | |  | | |  | | |  | |  |  |
|  | | | | | |  | | | Promise as a Teacher | | |  | | |  | | |  | |  |  |
|  | | | | | |  | | | Promise as a Researcher | | |  | | |  | | |  | |  |  |
|  | | | | | |  | | | Independence | | |  | | |  | | |  | |  |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| In what capacity do you know this person | | | | | | |  | | | | | | and for how long? | | | | | |  | | |
| Please attach a letter, or use the space below for additional comments. | | | | | | | | | | | | | | | | | | | | | |
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| (Type or print your name) | | | | | | |  | (Title or position) | | | | | |  | | (Signature) | | | | | |
| Date |  | | | | | | | Your Employer | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Mail Completed form to: | | | | | Coordinator of Graduate Programs  School of Forestry  P.O. Box 15018  Northern Arizona University  Flagstaff, Arizona 86011 | | | | | | | | | | | | | | | | |

Form modified: May 3, 2005