**International Degree-Transfer Student Recommendation Form**

To the applicant: Please complete part A below and submit this form to the person providing a recommendation. Recommendations must be returned to you in a sealed and signed envelope and be submitted with the application or sent directly to Muskingum University. You may wish to make additional copies of this form.

**PART A: Applicant Information**

| Name of Applicant (FAMILY, Given, Middle) |  |
| Address of Applicant |  |
| City |  |
| State/Province, Postal Code |  |
| Country |  |

The helpfulness of recommendation letters are improved when the recommender knows that such letters are written in confidence. Under United States federal law (Section 438 of Public Law 90-247 as amended), students are allowed access to certain educational records on request, and section 438(a)(2)(B) provides that a student may waive the right to inspect confidential letters of recommendation. If you wish to waive your right to inspect the letter requested by this form, please sign below:

____________________________________________________________________________________________

Signature  

Date (Month, Day, Year on Western Calendar)

**PART B: Recommendation**

To the recommender: The applicant has requested your assistance with his or her application to a U.S. university. As part of the process, all applicants must submit at least two letters of recommendation from their teachers or school administrators, and may submit additional letters from coaches, employers, or other associates with knowledge of the applicant’s skills and abilities. We hope to have recommendations that frankly reveal both an applicant’s strengths and his or her weaknesses. Your cooperation is greatly appreciated in providing an evaluation of the applicant’s potential as a university student. Feel free to submit additional information on a separate page.

Please complete the questions below and on reverse side. After completing this form, please place it an envelope, seal the envelope and sign it across the seal. You may send it directly to Muskingum, or return it to the applicant who must forward it to Muskingum, unopened, with other application materials.

1. In what capacity have you known the applicant? (Check all that apply)
   - ( ) as the applicant’s teacher in (subject or subjects)  
     __________________________________________
   - ( ) as his/her principal/headmaster/headmistress  
     __________________________________________
   - ( ) as his/her guidance counselor  
     __________________________________________
   - ( ) as his/her head of house  
     __________________________________________
   - ( ) as his/her coach in (activity/activities):  
     __________________________________________
   - ( ) as his/her employer  
     __________________________________________
   - ( ) other (please explain)  
     __________________________________________
   - ( ) as his/her supervisor  
     __________________________________________
   - ( ) as a supervisor for volunteer/extracurricular activity or activities:
     __________________________________________  
     __________________________________________

2. How long have you known the applicant?  
   ________________________________

3. Are you aware of any extracurricular activities of this student?  ( ) Yes  ( ) No  
   How do you think the student has benefited from those activities?
   __________________________________________________________________________
   __________________________________________________________________________

4. General Qualifications: Please summarize your evaluation by checking your estimate on the following items. (“Exceptional” should indicate that the applicant is comparable to the most-qualified students that you have known. “Good” should indicate a positive recommendation with no reservation.)

   __________________________________________________________________________
5. Applicant’s area(s) of greatest strengths: ____________________________________________________
   ____________________________________________________
6. Applicant’s area(s) needing improvement: __________________________________________________
   ____________________________________________________
7. What is your overall ranking of this applicant as compared with other students you have known at his or her educational level? ( ) Upper 5% ( ) Upper 10% ( ) Upper 25% ( ) Upper 50% ( ) Lower 50%

Please comment on the above ratings and make any additional statements concerning the candidate’s qualifications for university study in light of your observations. Attach an additional sheet if needed.

___________________________________________________
___________________________________________________

Recommender’s Contact Information:

Print Name _____________________________ Signature _____________________________ Date (Month, Day, Year) __________

Position (teacher, headmaster, etc.) _____________________________ Number of years in this or similar position __________

Mailing Address: Number and Street ____________________________________________________________

City/Town _____________________________ State/Province __________________________ ___ Postal code __________

Telephone (include country and city codes) _____________________________ E-mail address _____________________________

After completing this form, please place it in an envelope, seal the envelope and sign it across the seal. Please return it directly to Muskingum University or to the applicant, who will forward it to Muskingum, unopened, with other application materials. Thank you for your assistance.

Please return to student or to:
Muskingum University
Office of International Admission
163 Stormont Street
New Concord, Ohio, 4372 U.S.A.