

# Recommendation for admission

The applicant should complete all relevant sections below and submit this form to the person providing a recommendation. Materials submitted in support of an application become the property of Southwest University of Visual Arts, and neither originals nor copies will be provided.

<b>First name</b>	<input type="text"/>	<b>Middle initial</b>	<input type="text"/>	<b>Last name</b>	<input type="text"/>
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**Applicant for Master of Fine Arts (please tick one)**

<input type="checkbox"/> <b>Painting &amp; Illustration</b>	<input type="checkbox"/> <b>Photography</b>	<input type="checkbox"/> <b>Motion Arts</b>	<input type="checkbox"/> <b>Graphic Design</b>
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**To the applicant:**

This recommendation will become part of your Admissions file. It will not be disclosed to any unauthorized individual without your consent. If you matriculate at Southwest University of Visual Arts, you will be accorded access to its contents unless you voluntarily waive your right of access. Please check one of the boxes and sign the statement below.

<input type="checkbox"/> <b>Waive</b>	<input type="checkbox"/> <b>Do not waive</b>
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I have read the information above and I hereby my right of access to this document should I matriculate at Southwest University of Visual Arts.

<b>Signature</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>
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## To the person making this recommendation

Under the 1974 Family Educational Rights and Privacy Act, the applicant named above will have access to this recommendation unless he/she has waived that right. If you choose not to use this form for your recommendation, please return the form with your letter so that the above waiver may apply to such letters. Please be advised that under certain circumstances, this evaluation maybe reviewed by someone other than a member of the admissions committee of the department indicated above.

**Department name**

**Specialization**

**Evaluator's name**

**Title or position**

**Institution/Company**

**Address**

City State ZIP code

**Email address**

**Phone #**

The Committee on Admissions of the Graduate Degrees will greatly appreciate your cooperation in providing an evaluation of the applicant's potential as a graduate student.

**1. How well do you know the applicant? (Check as many as apply)**

as a student in a large lecture course

as a student engaged in research or independent study under my direction

as reported by junior staff members

as my advisee

as a student in a small class

other (state) \_\_\_\_\_

as a student in laboratory courses

\_\_\_\_\_

**2. How long have you known the applicant?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Describe the applicant's work ethic**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Summarize your evaluation**

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.)

General Qualifications	Exceptional	Good	Fair	Doubtful	Poor	No basis for judgment
Ability to engage in independent inquiry						
Ability to express self in writing Breadth of general knowledge						
Emotional stability and maturity						
Intellectual ability						
Motivation						
Perseverance						
Potential as a creative scholar						
Responsibility in assignments and undertakings						

**5. Overall ranking**

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%

**6. In a brief statement, describe the major strengths and weaknesses of the applicant as a potential graduate student**

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**Signature**

**Date**