

Public Administration Program

Department of Political Science and Public Administration
College of Letters and Sciences
Columbus State University

Recommendation Form

Recommendation Guidelines

To the Applicant:

Mail-in Instructions: Please type or print your name below. Give this form, along with an addressed, stamped envelope (address listed on second page) to your employer or a person familiar with your present work. The recommender should place the completed form in the envelope and place it in the mail. Admissions Office, Data Entry, Columbus State University, 4225 University Avenue Columbus, Georgia 31907

Email Instructions: Recommenders are allowed to send this form to data_entry@columbusstate.edu via email. However, forms will only be accepted when sent directly from the recommender. Recommendation letters will *not* be accepted from students via email.

To the Recommender: Please respond to the following questions. We place a great deal of emphasis on your comments. This recommendation is required prior to admission to the Public Administration Program, so a prompt return is very important. Your time and thoughtfulness are greatly appreciated. This form and its enclosed content will not be released to the student by the program. After completing this form, please place it in the envelope provided by the applicant, seal it, sign across the flap, and place the envelope in the mail. Thank you.

Applicant Name

Last Name: First Name: Middle Name:

Recommendation Questions

How long have you known the applicant and in what capacity?

In your opinion, what are the applicant's strengths?

In your opinion, what are the applicant's weaknesses?

How might a graduate degree enhance the applicant's position or abilities?

Please check the following. If filling out on your computer, use your mouse to click on the boxes.

	Outstanding	Above Average	Average	Below Average	Unable To Rate
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managerial Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytic Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical Principles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Rating:

- Strongly Recommend
- Recommend
- Recommend with Reservation
- Not Recommend

In the space below, please provide any additional comments you feel may aid the applicant in the evaluation process.

Please provide us with the information below.

Signature:

Date:

Name:

Title:

Organization:

Address:

Telephone: ()

Email:

Please send forms to:
Admissions Office: Data Entry
Columbus State University
4225 University Avenue
Columbus, Georgia 31907

For Department Use Only

Date Received:

Notes: