



COLLEGE OF GRADUATE  
AND PROFESSIONAL STUDIES

**Request for Professional Recommendation**

The applicant should complete this section and click 'Email to Respondent' and input their email.

Mr.  Mrs.  Miss  Ms.  Dr.  Rev. \_\_\_\_\_

is applying for admission to the \_\_\_\_\_  
program at Oklahoma Baptist University.

The applicant and the admissions committee would appreciate your completing this form and returning it at your earliest convenience to the OBU College of Graduate and Professional Studies.

Applicant's Statement: I am aware that under the Family Educational Rights and Privacy Act of 1974 (20 U.S.C. Sec. 1232 {a} {I} {C}), I am not required to, but I may voluntarily waive my right to access confidential letters and statements of recommendation submitted to Oklahoma Baptist University in support of my application for graduate admission. I further understand that under the Family Educational Rights and Privacy Act, an unsuccessful applicant, regardless of whether such applicant has signed a waiver, has no right to inspect any of that applicant's application materials. The giving of a waiver shall not be regarded as a condition for admission to, receipt of financial aid from, or receipt of any other services or benefits from the University. I understand that this recommendation will be used in the process of evaluating my application for admission to the Oklahoma Baptist University Graduate School.

**Right  
to Waive**

I hereby: **do/do not** (*choose one*) **waive my rights** of access to any and all letters or statements of recommendation which may be submitted by \_\_\_\_\_  
(Applicant must specify the name of the person submitting recommendation before sending the form to that person.) in connection with my application to the Oklahoma Baptist University Graduate School.

Date \_\_\_\_\_

Applicant's signature \_\_\_\_\_

Please print name \_\_\_\_\_

**Knowledge of  
the Applicant**

1. How long have you known the applicant? \_\_\_\_\_ years \_\_\_\_\_ months

2. In what capacity? (*check all that apply*)

Teacher  Colleague or Co-Worker  Work Supervisor  Research Advisor  Minister

Other (*specify*) \_\_\_\_\_

3. How well do you know the applicant?  Casually  Well  Very Well

**Relative Rating  
of the Applicant**

1. Of those in the applicant's group, in intellectual ability, I consider the applicant to be in the (*check one*)

Upper 1%  Upper 5%  Upper 10%  Upper 25%  Middle 50%

Inadequate opportunity to observe applicant

**Relative Rating  
of the Applicant**  
(continued)

2. Applicant's potential as a graduate student (check the appropriate box for each attribute)

Knowledge of Field	
Intellectual Ability	
Motivation to Work	
Writing Ability	
Oral Expression	
Emotional Maturity	
Task Completion	
Working with Others	
Originality	
Ethical Behavior	
Analytical Ability	

3. Some individuals demonstrate comparatively low achievement scholastic records.

In your opinion, is the applicant's record, as you know it, an accurate index of his or her scholastic ability?

Yes  No  Not sure

If you answered "no," please explain briefly. \_\_\_\_\_

\_\_\_\_\_

4. Do you have any information related to character or temperament that would affect the student's ability to do graduate work which should be considered by an admissions committee? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Please express your views on any items mentioned above and on any other relevant abilities the applicant may possess (e.g. ability to organize and express ideas clearly, orally and in writing, and other accomplishments). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. In your judgment, what level of academic success is this applicant capable of reaching?

Definitely doctoral level       Definitely master's level       Definitely below master's level  
 Probably doctoral level       Probably master's level       Probably below master's level

7. In summary, I would give a

Strong recommendation     Recommendation     Recommendation with reservations

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of respondent \_\_\_\_\_ Date \_\_\_\_\_

Name (printed) \_\_\_\_\_ Title \_\_\_\_\_

Institution \_\_\_\_\_ Phone \_\_\_\_\_

Address (City, State, ZIP) \_\_\_\_\_

Please Submit form to [graduateinfo@okbu.edu](mailto:graduateinfo@okbu.edu) or select 'Submit Form'.

**Oklahoma Baptist University College of Graduate and Professional Studies**

OBU Box 61262, 500 W. University | Shawnee, OK 74804

405.585.4601 | [okbu.edu/graduate](http://okbu.edu/graduate)