

# MERCER SCHOOL OF ENGINEERING

## RECOMMENDATION FORM FOR APPLICANT TO THE SCHOOL OF ENGINEERING

**Proposed Program of Study (Check)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Biomedical Engineering | <input type="checkbox"/> Civil Engineering                  | <input type="checkbox"/> Computer Engineering      |
| <input type="checkbox"/> Electrical Engineering | <input type="checkbox"/> Engineering Management             | <input type="checkbox"/> Environmental Engineering |
| <input type="checkbox"/> Environmental Systems  | <input type="checkbox"/> Mechanical Engineering             | <input type="checkbox"/> Software Engineering      |
| <input type="checkbox"/> Software Systems       | <input type="checkbox"/> Technical Communication Management |  |
| <input type="checkbox"/> Technical Management   |   |  |

**To be completed by the applicant:** Please print or type

**NAME** \_\_\_\_\_  
Last First Middle

**ADDRESS** \_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State Zip Code (Area Code)-Telephone Number

**I waive the right to review this recommendation**  Yes  No

\_\_\_\_\_  
Signature of Applicant Date

**To be completed by the recommender:**

I have known the applicant for approximately \_\_\_\_ (months) (years). My relationship to the applicant was (or is) in the following capacity

- Faculty advisor  Research project advisor  Other faculty relationship  Other (specify) \_\_\_\_\_

I know the applicant  Very well  Fairly well  Only casually

Relative to others of similar age, background and training, how would you rate this applicant for each of the following characteristics? Please place an "X" under the rating column which best describes the applicant.

Characteristics Evaluated	Upper 1-2%	Upper 2-10%	Upper 11-25%	Upper 26-50%	Lower 50%	No Basis For Judgement
Academic Ability						
Breadth of General Knowledge						
Quality of Work						
Written Communication Skills						
Oral Communication Skills						
Industriousness and Perseverance						
Cooperativeness						
Willingness to Accept Constructive Criticism						
Ability to Manage/Organize Time						
Imagination/Originality						
Potential as a Researcher						
Potential as a Teacher						
Emotional Stability/Maturity						
Dependability						

(continued on reverse side)

Please comment on the applicant's strengths and weaknesses. Emphasize characteristics that you believe would make the applicant a successful or unsuccessful graduate student.

Other comments:

Recommendation on admission (please check one)

I highly recommend this applicant

I recommend this applicant

I recommend the applicant with some reservation

I am not able to recommend this applicant

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Signature of Recommender

Date

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Name printed or typed

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Position or title

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Institutional affiliation

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Address

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City, State, Zip Code

(Area Code)- Telephone Number

Please mail, email or fax this form directly to:

**Engineering Graduate Program  
Mercer University  
School of Engineering  
1501 Mercer University Drive  
Macon, GA 31207  
(478) 301-2347  
(478) 301- 5434 FAX  
hyun\_s@mercer.edu**