RECOMMENDATION FORM FOR APPLICANT TO THE SCHOOL OF ENGINEERING

Proposed Program of Study (Check)

- [ ] Biomedical Engineering  - [ ] Computer Engineering  - [ ] Electrical Engineering
- [ ] Engineering Management  - [ ] Environmental Engineering  - [ ] Environmental Systems
- [ ] Mechanical Engineering  - [ ] Software Engineering  - [ ] Software Systems
- [ ] Technical Communication Management  - [ ] Technical Management

To be completed by the applicant: Please print or type

NAME ___________________________________________________________ ______________________

ADDRESS ___________________________________________________________ ______________________

Number Street

City State Zip Code (Area Code)-Telephone Number

I waive the right to review this recommendation [ ] Yes [ ] No

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.

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

______________________________________________________________
Signature of Recommender
Date

______________________________________________________________
Name printed or typed

______________________________________________________________
Position or title

______________________________________________________________
Institutional affiliation

______________________________________________________________
Address

______________________________________________________________
City, State, Zip Code

(Area Code)- Telephone Number

Please mail 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- 5593 FAX

November 2015