

# Professor Recommendation Form 2019



## Coordinated Program in Dietetics University of Missouri

**Applicant:** You must fill out section 1 BEFORE you give this form to your reference:

**Section 1:** The applicant must sign and date one of the following statements:

1) I wish to have access to this letter and I understand that under the Family Education Rights to Privacy Act of 1974, 20 U.D.C.A. Par. 1323 g (a) (1) and P.L. 397 of 1978, I have the right to read this recommendation.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

2) I wish this letter to be confidential and I hereby waive any and all access rights granted me by the above laws to this recommendation.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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~ Below: to be completed by your reference ~

**Section 2:** Compared to other students at this level of study, please rate the applicant on the following attributes:

	Top 10%	Top 25%	Top 50%	Below 50%	Not observed
Academic Ability					
Willingness to Learn					
Decision-making					
Initiative					
Dependability					
Adaptability					
Verbal Communication					
Written Communication					
Cooperation					
Poise and Tact					
Appropriate Peer Interaction					
Leadership Potential					

Please proceed to the next page

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**Section 3: Please provide additional information you feel should be considered:**

**Section 4: Reference Information**

**1) Relationship to the applicant**

\_\_\_\_\_ Professor      \_\_\_\_\_ Teaching Assistant

Please list course for which the applicant is/has been a student: \_\_\_\_\_

**2) How long have you been a professor/instructor/teaching assistant for this course?**

\_\_\_\_\_

**3) How long have you known the applicant?**

\_\_\_\_\_ 1-6 months      \_\_\_\_\_ 7 months-1 year      \_\_\_\_\_ 1-3 years      \_\_\_\_\_ 3+ years

**4) How well do you know the applicant?**

\_\_\_\_\_ very well      \_\_\_\_\_ somewhat well      \_\_\_\_\_ vaguely

**5) How strongly do you recommend this applicant?**

\_\_\_\_\_ highly recommend      \_\_\_\_\_ recommend      \_\_\_\_\_ not recommend

**6) Contact Information**

Your name: \_\_\_\_\_

Position: \_\_\_\_\_

Email: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_