

The University of Kansas

## Department of Applied Behavioral Science



### Recommendation Form

**To the Applicant:**

Three letters of recommendation are required. You will want to select individuals with whom you have worked in and/or outside the classroom. For the convenience of the person completing this form, you should provide a stamped envelope addressed to:

Department of Applied Behavioral Science  
Attn: Graduate Admissions Chair  
University of Kansas  
1000 Sunnyside Ave.  
Lawrence, KS 66045-7555

You must complete the following section before giving this form to the individuals you have asked to provide a recommendation.

Applicant's Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I have requested that this recommendation form be completed by: \_\_\_\_\_

In accordance with the Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation unless that right is waived. Those writing recommendations will sometimes not be willing to provide a recommendation without this right being waived. Further, the ABS department attaches more significance to recommendations when the student has waived this right.

I waive my right to review this recommendation at any time.

I do not waive my right to review this recommendation.

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

**Recommender:**

Please complete the reverse side and return this form and any attached materials to the department of Applied Behavioral Science (address provided above). Information appears above regarding whether the student has waived access to this recommendation report.

**Please candidly answer the following questions and then provide a written evaluation of the candidate.**

Compared to other undergraduates I have worked with over the last \_\_\_\_\_ years, I would rate this applicant's potential for success in graduate school to be (check one):

- Superior (top 1%)
- Excellent (top 5%)
- Very Good (top 10%)
- Average
- Below Average



Department of Applied Behavioral Science

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant (check all that apply)?

- As a student
- As a research assistant
- As a teaching assistant
- As an employee or volunteer service provider

Does the applicant demonstrate any behaviors that would prevent you from recommending him/her for work with children, individuals with disabilities, or other vulnerable populations?

- No
- Yes. Explain \_\_\_\_\_  
\_\_\_\_\_

Recommender: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Use the space below to provide a written evaluation of the applicant. Alternatively, attach a letter of recommendation. Thank you for your assistance.