



ALBANY STATE UNIVERSITY
GRADUATE ADMISSIONS RECOMMENDATION FORM

INSTRUCTIONS: Please read the instructions carefully. A completed recommendation form is required in order for you to be considered for admissions to the Graduate School.

Applicant: Complete the Applicant Information section of this form below, sign and give to a person (employer, supervisor, department head or one of your teachers who knows you well enough to evaluate your qualities and abilities. Provide the recommender with a self-addressed stamped envelope to Graduate Admissions, BCBB 292, Albany State University, 504 College Drive, Albany GA 31705.

Recommender: Complete Parts B and C of this form. Return recommendation form with letter attached, in a sealed envelope with signature across the seal of the envelope. Sealed recommendations must be sent to: Attention Graduate Admissions, BCBB 292, Albany State University, 504 College Drive, Albany GA 31705. Completed and signed recommendation can also be faxed to **graduate admissions at (229) 430-2867** or sent via email from the recommender to graduateadmissions@asurams.edu.

PART A: APPLICANT INFORMATION (To Be Completed by the Applicant)

Last Name *First Name* *Middle Initial:*

Street Address *City* *State* *Zipcode*

Email *Tel*

Degree/Major Sought *Term applying for (e.g. Spring 2018)*

- I agree to respect the confidentiality of the evaluation and specifically waive any right of access under the Family Educational Rights and Privacy Act of 1974 as amended.
- I **do not** waive my right to see this evaluation.

Please Note: Recommendation letters received by the Graduate School without a selection and signature of the applicant will be considered as confidential and access waived.

Applicant Signature

Date

