

THE UNIVERSITY of NEW ORLEANS  
Department of Sociology  
Recommendation for Admission to Master of Arts Program

Name of the Applicant (please print): \_\_\_\_\_

## Applicant:

### INSTRUCTIONS:

Provide your recommender with an envelope addressed to: **Graduate Coordinator, Department of Sociology,  
University of New Orleans, 2000 Lakeshore Drive, New Orleans, LA 70148**

Name of Applicant: _____	Name of Recommender: _____
Birthdate: _____	Title: _____
Telephone: _____	Institution: _____
Email: _____	Business Address: _____
Program of Study: _____	Business Telephone: _____
	Email: _____

Under the provisions of the Family Educational Rights and Privacy Act of 1974, you (if admitted and enrolled) will have access to the information provided unless you have waived such access. Please sign and date below to inform us of your decision.

I hereby waive/do not waive my right of access to the information recorded below.

Please choose one:     Waive     Do not waive

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

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## Recommender:

### INSTRUCTIONS:

In addition to responding to the items below, please attach a letter commenting specifically on the applicant's strengths and limitations for graduate study.

1. How long and in what capacity have you known the applicant? \_\_\_\_\_

\_\_\_\_\_

2. If you were responsible for a graduate program, would you accept the applicant into your own graduate program?

Yes     No     Uncertain

3. I think this student is:

Exceptional     Very Strong     Strong     Average     Below Average

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I believe the applicant exhibits:

	<b>Exceptional</b>	<b>Very Strong</b>	<b>Strong</b>	<b>Average</b>	<b>Below Average</b>	<b>No Basis for Judgment</b>
Knowledge in chosen field						
Ability to analyze and think critically						
Ability to exchange and share ideas						
Ability to express ideas in writing						
Ability to express ideas orally						
Ability to work independently						
Potential for teaching						
Leadership potential						
Integrity						
Displays emotional maturity and stability						
Likelihood of completing program in a timely manner						

**Name (please print):** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_