



GRADUATE EQUITY FELLOWSHIP RECOMMENDATION FORM

Please clearly print or type the information on this form. Recommendation Forms must be emailed by the recommender directly to gradstudies@csueastbay.edu by the application deadline with the subject line of “GEF Recommendation: Student’s Name”.

To Be Read By Applicant and Recommender: Under the Family Educational Rights and Privacy Act of 1974, students have access to their admission records, including letters of recommendation. However, students may waive their right to see letters of recommendation, whereupon such letters will be held in confidence. If the applicant has not signed this waiver, it is assumed that the recommender understands that the applicant may request to see this form. Retaining your right to access this recommendation will not affect consideration of the fellowship application.

Check one of the following:

I have **retained** my right of access to this recommendation:

I have **waived** my right of access to this recommendation:

Signature of Applicant

Date

Name of Applicant

NET ID of Applicant

Name of Recommender

Position/Title of Recommender

Organization

The above named applicant is applying for a Graduate Equity Fellowship at California State University, East Bay. We would appreciate your candid evaluation of this applicant. Please respond to **both** sections A and B.



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A. Please rate this student in each area by placing an "X" in the appropriate box.

	No Basis for Judgment	Below Average	Average	Above Average	Excellent
Analytical Skills					
Leadership Ability					
Written Communication					
Oral Communication					
Perseverance					
Academic Ability					
Judgment and Maturity					

B. In the space provided below or on a separate sheet, please respond to the following:

1. The length of time you have known the applicant and your relationship to him/her

2. Your impressions of this applicant, including observations on his/her character, academic potential, and ability to successfully complete a Master's degree program in two years

3. Your impressions of this applicant including observations of his/her ability to serve as a faculty member at an institution of higher learning or in a college/ university setting

Signature of Recommender

Date