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| Recommendation Instructions For Reference  Master of Chicana and Chicano Studies Program  California State University, Northridge |
| The applicant has given your name as a reference. Please provide us with information as to the applicant’s qualifications and capabilities. We are requesting your assessment of the applicant’s academic skills, concern for social and political issues, motivation and potential for graduate work.  Please provide us with information that would enhance our understanding and assessment of this individual’s ability to handle the overall high demands of a graduate program and the demands of being a professional in the field. Please attach a letter on letterhead that further elaborates the areas that you feel might warrant more detail or those not addressed in the attached questionnaire.  **Recommendation Packet Checklist:**  Complete bottom portion of *Recommendation Form.*  Complete one page *Recommendation Questionnaire* and sign.  Write a letter of recommendation on letterhead.  Place the (1) *Recommendation Form* (top part filled out by applicant),  (2) *Recommendation Questionnaire,*  and  (3) *Recommendation letter* in an envelope together.  Sign over the seal of the envelope and mail to:  Graduate Coordinator  California State University, Northridge  Chicana and Chicano Studies Department  18111 Nordhoff Street  Northridge, CA 91330-8246  Should you have any questions or concerns, please call the Chicana/o Studies Department at (818) 677‑2734. |

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| Recommendation Form  Master of Chicana and Chicano Studies Program | | |
| **Applicant Information** | | |
| First Name: | Middle Name: | Last Name: |
| Permanent Address: | | |
| Home Phone Number: | Cell Phone: | Work Phone: |
| E-mail address: | | |
| **Reference Information** | | |
| First Name: | Middle Name: | Last Name: |
| Work Address: | | |
| Work Phone Number: | E-mail address: | Title/Credentials: |

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| Recommendation Questionnaire  Master of Chicana and Chicano Studies Program | | | | | | |
| Applicant Name: | | | Reference Name: | | | |
| **Directions:** Please rate the applicant relative to other students. Mark the box that best describes the applicant. Thank you. | | | | | | |
| Category | Very Good  (Top 10%) | Above Average  (Top 25%) | | Average  (Top 50%) | Below Average  (Below 50%) | Not observed |
| Ability to work with others |  |  | |  |  |  |
| Ability to work independently |  |  | |  |  |  |
| Academic preparation |  |  | |  |  |  |
| Critical thinking |  |  | |  |  |  |
| Leadership skills |  |  | |  |  |  |
| Motivation |  |  | |  |  |  |
| Oral communication skills |  |  | |  |  |  |
| Promise as a graduate students |  |  | |  |  |  |
| Promise as a professional in the field |  |  | |  |  |  |
| Quality of work |  |  | |  |  |  |
| Time management skills |  |  | |  |  |  |
| Written skills |  |  | |  |  |  |
| Academic Skills |  |  | |  |  |  |
| Concern for social justice and political issues |  |  | |  |  |  |

1. How long have you known the applicant?

2. In what capacity do you know the applicant?

3. Please indicate your overall recommendation for this applicant (Select Only One):

highly recommended

recommended

recommended with reservations

do not recommend

I agree that all statements made on this questionnaire and in the enclosed letter of recommendation are true and accurate descriptions of the applicant.

Reference’s Signature Date