



CALIFORNIA STATE UNIVERSITY, LOS ANGELES

COLLEGE OF HEALTH AND HUMAN SERVICES

School of Kinesiology and Nutritional Science

GRADUATE PROGRAM RECOMMENDATION FORM

Name of applicant _____

The above named student has made application for admission to the Master of Science degree in Kinesiology at Cal State Los Angeles. You can help greatly in the evaluation of this applicant by giving us your opinion concerning her/his abilities. Please evaluate the applicant with reference to others you have known in the same capacity.

Length of time you have known the applicant: _____

In what capacity? _____

Upper	Upper	Upper	Lower	Do not
10%	25%	50%	50%	know

- Academic potential
- Initiative/Potential to succeed
- Written communication ability
- Oral communication ability
- Laboratory and/or practical ability

- Recommendation:
- This applicant is highly recommended
 - This applicant is recommended
 - This applicant is recommended with some reservations
 - This applicant is not recommended

Please attach additional written comments with reference to the applicant's strengths and weaknesses.

Name of recommender: _____

Position: _____

University/Institution: _____

Signature: _____ Date: _____

Please return to:

KNS Graduate Coordinator
 School of Kinesiology and Nutritional Science
 California State University, Los Angeles
 5151 State University Drive
 Los Angeles CA 90032