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