# 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 10% | Upper 25% | Upper 50% | Lower 50% | Do not 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