Recommendation Form

Please type or print legibly in black ink

THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON, DC

TO THE APPLICANT

Complete the section below

Applicant's name: _____
Last First Middle

GW school to which candidate is applying: School of Engineering and Applied Science

Degree/Field sought: ✓ Master of Engineering in Cybersecurity Policy and Compliance

In accordance with federal regulations, materials in student files, such as recommendation forms, are open to inspection upon request, unless the student has waived the right of access in advance. Please indicate your wish by completing and signing the statement below. Your right to review this form is considered waived if you do not check a response.

I (check one) ☐ DO ☐ DO NOT waive access to this recommendation

Applicant's Signature: _____ Date: _____

TO THE RECOMMENDATION WRITER

Please email or fax this completed letter of recommendation form to **onlinecybersec@gwu.edu** or **888-245-5409.**

Name of individual completing this form: _____

Please compare the applicant with others you have known during your professional career. For each of the categories below, check the appropriate box.

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	INADEQUATE OPPORTUNITY TO OBSERVE
Analytical Ability	☐	☐	☐	☐	☐
Research Ability	☐	☐	☐	☐	☐
Command of Field of Study	☐	☐	☐	☐	☐
Written English	☐	☐	☐	☐	☐
Oral English	☐	☐	☐	☐	☐
Interpersonal Skills	☐	☐	☐	☐	☐
Maturity	☐	☐	☐	☐	☐
Motivation	☐	☐	☐	☐	☐
Leadership Potential	☐	☐	☐	☐	☐

Overall impression of candidate: ☐ Outstanding ☐ Strong ☐ Average ☐ Fair ☐ Poor

ADDITIONAL QUESTIONS

1. How long have you known the applicant and under what circumstances?

2. What do you consider the applicant's most outstanding talents or characteristics?

3. What are the applicant's chief liabilities or weaknesses?

4. The admissions committee would appreciate any additional statement you may wish to make concerning the applicant's aptitude for advanced study or his/her potential for becoming a successful manager and leader, if appropriate.

Signature: _____ Date: _____

Position/Title: _____ Organization/Institution: _____

Address: _____

_____

Daytime Telephone: _____

Email: _____

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