Confidentiality Waiver
To be completed by the applicant.

Name of Applicant (Print or Type) __________________________________________________________________________________
(Family Name or Surname) (First) (Middle)

The following recommendations becomes a part of your application file. If you matriculate at Oklahoma State University, you will be allowed access to this document unless you voluntarily waive this right. Check one of the options below then sign and date on the line provided.

Statement: I have read the information above, and I hereby expressly waive _____ do not waive _____ my right of access to this document should I matriculate at Oklahoma State University. (Please put an X after your choice.)

Signature _______________________________________________            Date  __________________________

All Application Materials Become the Property of Oklahoma State University Once Submitted.

Recommendation
To be completed by the individual providing the recommendation.

The person named above is applying for admission to the Graduate Certificate in International Studies Program at Oklahoma State University. Your candid assessment will greatly assist the Admissions Committee in determining whether the applicant should be admitted to the Program. Much more helpful to us than your endorsement or recommendation are your critical evaluation comments.

1. How long, how well, and in what capacity have you known the applicant?

2. If familiar with the applicant’s scholastic record, do you believe this record is an accurate reflection of the applicant’s ability? Yes _________ No _________ N/A _________ Please explain:

3. How does the applicant’s performance compare with that of his or her peers?

4. Briefly describe the applicant’s peer population.

5. What characteristics do you consider to be the applicant’s primary strengths?

6. In what areas does the applicant need improvement or growth?

7. Discuss the applicant’s insight into his or her own strengths and weakness.
8. Please rate the applicant in comparison to his or her peer population (Question #4) with respect to the following characteristics:

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Outstanding (Top 2%)</th>
<th>Excellent (Top 10%)</th>
<th>Good (Top Third)</th>
<th>Average (Middle Third)</th>
<th>Poor (Bottom Third)</th>
<th>No Information</th>
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</thead>
<tbody>
<tr>
<td>Intellectual Potential</td>
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<td>Oral Communication Ability</td>
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<td>Writing Ability</td>
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<td>Emotional Maturity</td>
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<td>Ability to Work with Others</td>
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<td>Self-Confidence</td>
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<td>Self-Discipline: Ability to do Independent Work/Dependability</td>
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<td>Ethical Sensitivity</td>
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<td>Creativity/Imagination</td>
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<td>Problem-Solving Skills</td>
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<td>Leadership Potential</td>
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<td>Motivation for Graduate Study</td>
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</table>

9. Mark the statement which most closely describes your overall recommendation concerning this applicant.

- ______ I strongly recommend this applicant for admission to the Certificate Program. He/she has the ability to perform at a superior level.
- ______ I recommend this applicant for admission to the Certificate Program. His/her performance will be comparable to that of most graduate students.
- ______ The applicant’s qualifications for graduate school are marginal. If admitted, however, the applicant will greatly benefit from graduate study.
- ______ I do not recommend this applicant for admission to the Certificate Program.

10. On a separate sheet of paper, please provide any additional information regarding the applicant which you believe would aid in the Committee’s assessment process.

Name (Print or Type)____________________________________________________________

Institution_____________________________________ Department__________________________________

Position _____________________________________________________________________________________

Business Address____________________________________________________________________________
____________________________________________________________________________________________

Phone __________________________ Fax ___________________________ E-mail______________________

Signature _______________________________________________________ Date  _______________________

**INSTRUCTIONS FOR RETURNING THIS RECOMMENDATION:** Place this recommendation form and any attachments in an envelope, seal the envelope, and sign across the seal. Return the envelope to the applicant who will submit your recommendations unopened, along with other required application materials. Thank you for your assistance.