

**Recommendation Form for the Master of Science in Dietetics
Kansas State University**

Applicant's Name _____
Please word-process

The person whose name appears above has applied for admission to the Master of Science in Dietetics at Kansas State University. Your evaluation of the applicant will help the Admission Committee's selection process.

How long have you known the applicant? _____ In what capacity? _____

Compared with others you have known in this capacity, how would you rank the applicant's performance?

 Top 1% Top 5% Top 10% Top 25% Below 50%

Please **CHECK** the appropriate evaluation:

	Extraordinary	Outstanding	Above Average	Average	Below Average	Cannot Judge
Ability to Communicate Orally						
Ability to Communicate in Writing						
Creativity (including ability to see implications and synthesize ideas)						
Motivation						
Perseverance						
Organization						
Problem Solving						
Responsibility						
Integrity and Professional Ethics						

In a separate letter, please give your opinion of the applicant's all-around academic ability and potential for research. Please be specific and cite examples to support your recommendation if possible.

Signature _____ Date _____

Print Name _____ Institution _____

Street Address _____ City, State, Zip _____

Position/Title _____ Phone Number _____ Email _____

The above named applicant may review this letter of recommendation. (Please initial) _____
Yes No

PLEASE RETURN TO: **Judy Jensen**
Graduate Program Admissions Coordinator
Kansas State University
Dept of Hospitality Management and Dietetics
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Manhattan, KS 66506-1404
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