WAIVER and RECOMMENDATION FORM

To the applicant: Please complete the following:

Name: ________________________________  Date of Graduation: ____________

(Last, first, middle or maiden)

The applicant should sign and date one of the following statements:

1) I wish to have access to this letter and I understand that under the Family Education Rights to Privacy Act of 1974, 20 U.S.C.A. Par. 1323 g (a) (1) and P.L. 397 of 1978, I have the right to read this recommendation.

   Applicant's Signature ________________________________  Date ____________

2) I wish this letter to be confidential and I hereby waive any and all access rights granted me by the above laws to this recommendation.

   Applicant's Signature ________________________________  Date ____________

Please email this form to bgmarques@wcu.edu
Please mail or email this form to bgmarques@wcu.edu

Please rate the applicant on the qualities you feel you can judge on the grid below. Indicate your perception of the student’s readiness to function in the WCU Nutrition and Dietetics program at this time.

Student’s Name ___________________________ Year of application ______________________

<table>
<thead>
<tr>
<th>O – Outstanding; MS – More than Satisfactory; SAT – Satisfactory; NI – Needs Improvement, U – unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Nutrition Knowledge</td>
</tr>
<tr>
<td>Preparation for class</td>
</tr>
<tr>
<td>Engagement in class activities/discussions</td>
</tr>
<tr>
<td>Punctuality with assignments</td>
</tr>
<tr>
<td>Communication Skills</td>
</tr>
<tr>
<td>Oral</td>
</tr>
<tr>
<td>Written</td>
</tr>
<tr>
<td>Disposition and Attitude</td>
</tr>
</tbody>
</table>

Do You: (Check appropriate box.)

Highly Recommend 5 □ 4 □
Recommend 3 □ 2 □
Not Recommend 1 □

Additional Information: Use to amplify or add to characteristics rated on previous page. Indicate applicant’s strengths and those qualities that require further development. (May use a separate sheet or letter.)

Strengths:

Qualities that Require Further Development:

Name ____________________________________________

Signature ____________________________________________ Date ______________________

Position ____________________________________________

Place of Employment ____________________________________________

Phone xxx-xxx-xxxx __________________ E-mail __________________

Adapted from a form Prepared by The American Dietetic Association and Dietetic Educators of Practitioners Practice Group for optional use by dietetics education programs (2004).