

GRADUATE STUDIES RECOMMENDATION FORM

Applicant Name: _____
 Name of Recommender: _____ Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 To which graduate program are you applying: _____

To the Applicant:

The Family Educational Rights and Privacy Act of 1974 gives students the right to inspect letters of recommendation written in support of their applications for admissions or financial aid. Students may waive that right if they choose, although such a waiver cannot be a condition of admission or award. Please indicate your decision below.

I do I do not waive my legal right to inspect this letter of recommendation.

Signature of Applicant: _____ Date: _____

To the Recommender:

Please be advised of the student's right to inspect this recommendation should they not waive the right indicated in the instruction "To the Applicant."

We seek your opinion of the person named above, who is applying for admission to the graduate degree program checked above. After responding to the items below, please comment specifically on the applicant's strengths and limitations for graduate study. You may use the other side of this form or attach a letter.

1. How long and in what capacity have you known the applicant? _____
2. Rate the applicant in comparison with the approximately _____ students you have known at this level (e.g. graduating seniors, M.A. students) in the applicant's discipline. These ratings should complement but not replace your comment on the other side of this form or in your attached letter (*attached letter optional*).

| | (Top 1%) Truly Exceptional | (Top 5%) Outstanding | (Top 10%) Excellent | (Top 25%) Very Good | (Top 50%) Above Average | (Lower 50%) Below Average | Unable to Comment |
|-------------------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|----------------------------|------------------------------|--------------------------|
| Intellectual potential | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to plan & conduct research | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Creativity and originality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Knowledge in chosen field | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to work independently | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Teaching potential | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Motivation for graduate study | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall potential for graduate work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please indicate the strength of your overall endorsement by placing an "X" in the appropriate box.

- Highly Recommended Recommended with some reservations
 Recommended Not Recommended

Signature of Recommender: _____ Date: _____