

Letter of Recommendation for Graduate Studies

Applicant should complete this part of form. Please print or type.

Last name (family name):	First name:	Middle or other:
Social Security Number: (last 4 digits) X X X - X X - _ _ _ _	Application for: <input type="checkbox"/> Fall check one <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year:
Department:	Program:	Degree sought:

Waiver
 The following waiver statement is provided in accordance with the Family Education Rights and Privacy Act of 1974. You may waive your right to inspect this recommendation by signing the statement at your own discretion. Should you decide not to sign, you would then have access to the recommendation when you enroll in the graduate school.
"This is a confidential recommendation and will not be disclosed to me without the prior consent of the evaluator."

Signature _____ Date _____

Please provide this letter of recommendation to an individual who can evaluate your academic performance, relevant work experience, and/or ability to pursue graduate study. **Reminder:** Please supply the evaluator with a self-addressed stamped envelope.

Name of evaluator: _____ **Title and employer:** _____

Evaluator should complete this part of form. Please print or type.

How long have you known the applicant? _____

In what capacity? _____

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					
Quantitative ability					
Research ability					
Command of field of study					
Writing skills					
Speaking skills					
Interpersonal skills					
Maturity					
Self-confidence					
Motivation					
Initiative					
Potential as a teacher, if applicable					
Leadership potential					
Ability to accept constructive feedback					
Professional integrity					

PLEASE COMPLETE SIDE 2 OF THIS FORM

Using the space provided below or on a separate sheet, please comment on this applicant's academic performance, relevant work experience, and/or ability to pursue graduate study. Please address both strengths and weaknesses that could affect this applicant's potential to succeed in graduate school.

Confidentiality

This recommendation remains confidential during the admission process. If the student has not signed the waiver of right to inspect the recommendation, your evaluation will become accessible as part of the education record only if the student enrolls in the graduate school.

Summary Evaluation

_____ I strongly recommend this applicant for admission and believe that he/she has the capability to perform at a superior level.

_____ I recommend this applicant for admission and believe his/her performance should be comparable to most graduate students.

_____ I believe that the applicant is marginally qualified for graduate studies, but the applicant has potential and would benefit from study in your program.

_____ I do not recommend this applicant for admission to your graduate program.

Evaluator's Signature

Date

Evaluator's Name (Type or Print)

Evaluator's Position or Title

Evaluator's Employer

Evaluator's Telephone Number

The applicant is responsible for gathering all materials prior to the application deadline. Your prompt response is appreciated.

PLEASE RETURN THIS LETTER OF RECOMMENDATION TO THE PERSON YOU ARE EVALUATING IN THE ENVELOPE HE/SHE PROVIDED. PLEASE SEAL THE ENVELOPE, THEN SIGN ACROSS THE SEAL. THANK YOU.