

Graduate College Letter of Recommendation

1	APPLICANT INFORMATION					
Applicant's name: _____						
Entry term: _____			Email address: _____			
Major/program desired: _____			Degree sought: _____			
2	RECOMMENDER INFORMATION					
Recommender Name: _____ <small style="display: block; text-align: center;">(LAST/SURNAME) (FIRST/GIVEN (MIDDLE)</small>						
Occupation: _____						
Address: _____ _____						
Telephone: _____ E-mail address: _____						
3	CONFIDENTIALITY					
The Family Educational Rights and Privacy Act of 1974 (FERPA) allows an enrolled graduate student to have access to any letters of recommendation the program chooses to retain in its files. The applicant may waive the right of access to recommendation letters.						
This applicant <input type="checkbox"/> waives <input type="checkbox"/> does not waive the right to inspect the contents of this letter.						
4	RATING OF APPLICANT					
Recommender: Provide the following information about the applicant for the graduate program to use in making an admission decision:						
How long have you known the applicant? _____ (years) In what capacity? _____						
How does this applicant compare to others in the appropriate category below?						
<input type="checkbox"/> College seniors <input type="checkbox"/> Graduate students <input type="checkbox"/> Employees <input type="checkbox"/> Other (identify): _____						
SKILLS AND ABILITIES	UPPER 5% (OUTSTANDING)	UPPER 10% (EXCELLENT)	UPPER 25% (ABOVE AVE.)	UPPER 50% (AVERAGE)	LOWEST 50% (BELOW AVE.)	NO BASIS FOR EVALUATION
Intellectual/Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical/Conceptual Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imagination/Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RECOMMENDATION	MASTER'S PROGRAM		DOCTORAL PROGRAM		OTHER (SPECIFY)	
I recommend <u>highly</u> for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I recommend for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I recommend <u>with reservations</u> for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I <u>do not</u> recommend for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(continued on page 2)

PAGE 2 OF RECOMMENDATION FOR (APPLICANT'S SURNAME):

Please include a statement about the applicant's strengths and weaknesses and potential for success in graduate school.

Signature:

Date:

Note: Letters of reference are sent to the graduate program to which the student applies, not to the Office of Admissions.