

Applicant Name \_\_\_\_\_  
Last
First
Middle

Proposed Graduate Major \_\_\_\_\_

Enrollment Objective \_\_\_\_\_

Recommender Name \_\_\_\_\_ Title or Position \_\_\_\_\_

Institution or Affiliation \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Under the federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation.

 This applicant  waives  does not waive the right to review this recommendation.

**Evaluation of Applicant**

How long have you known the applicant? \_\_\_\_\_

 In what capacity?  Instructor  Teaching assistant  Research advisor  Advisee/mentor  Extracurricular  
 Professional Affiliation  Other \_\_\_\_\_

Please select the comparison group for this applicant and complete the chart below to indicate his/her rankings:

 Comparison Group:  College seniors  Graduate students  Employees  Other \_\_\_\_\_

	Exceptional (highest 1-2%)	Outstanding (highest 5%)	Very Good (highest 10%)	Good (upper 25%)	Average (upper 50%)	Below Average (lower 50%)	No Basis to Evaluate
Intellectual Independence							
Analytical Ability							
Quantitative Ability							
Research Ability							
Teaching Ability							
Academic Preparedness							
Written English							
Oral English							
Interpersonal Skills							
Maturity							
Motivation for Graduate Study							
Overall Evaluation							

 Best student/employee  this year  in 5 years  in \_\_\_ years  Not applicable

Indicate the strength of your overall endorsement for this applicant along the following scale:

 Highly recommend  Recommend  Recommend with some reservations  Not recommended

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Last First Middle

**Please include a statement about the applicant's strengths and weaknesses and potential for success in a graduate program:**