## **RECOMMENDATION FORM**

To the applicant: This form should be given to an individual under whom you have studied or worked and who is able to comment on your qualifications for graduate study. Please complete the upper portion of this side. Have the recommender return this form to you in a sealed envelope, signed across the seal.

Your name		
Social Security Number (optional)		
<ul> <li>Under the provisions of the Family Education Rights and Privacy Act.</li> <li>□ I have retained the right to access this recommendation.</li> <li>□ I have waived the right to access this recommendation.</li> </ul>		
Applicant's signature	Date	

To the recommender: On the next sheet, please provide a narrative description of the applicant's qualifications for graduate study. Please include an assessment of how this applicant compares to others whom you have taught, or with whom you have worked. Return this recommendation to the applicant in a sealed envelope, which you have signed across the seal. Note that the applicant may be under deadline to provide this recommendation. Thank you.

Name of Recommender Signature	
Address	
Position	Organization
Daytime Telephone ( )	Date
Relationship to Applicant	

Please give your appraisal of the applicant in terms of the qualities listed below. Rate the applicant in comparison with others applying for graduate study whom you may have known in the applicant's proposed field of study.

	Top 3%	Next 10%	Next 20%	Middle Third	Lowest	Unable to judge
		1		<u> </u>		
Intellectual ability						
Analytical ability						
Imagination/creativity						
Organizational ability						
Written communication						
Oral communication						
Ability to solve complex problems						
Initiative						
Persistence/drive						
Ability to work independently						
Computer proficiency						

Please comment on the applicant's qualifications for graduate study on the back of this sheet <u>or</u> attach comments to this form on a separate sheet.

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