

MAKE ADDITIONAL COPIES AS NEEDED

**REPORT ON THE ACADEMIC AND PROFESSIONAL ABILITIES OF AN APPLICANT
FOR ADMISSION FOR GRADUATE STUDY
(TO BE FILLED IN BY APPLICANT)**

Entering Doctoral Program

Entering Master's Program

Name of Applicant _____

Report requested of _____
(Name and Position)

Admission applied for in the department of _____*

Under the Federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. It is your option to waive your right to access to these recommendations or to decline to do so. Please mark the appropriate phrase below, indicating your choice of option, and sign your name:

I waive my right to review of this recommendation Applicant's Signature _____

I do not waive my right to review of the recommendation Date _____

(TO BE FILLED IN BY PERSON MAKING RECOMMENDATIONS)

Please provide a statement evaluating the person named above as a graduate student in his/her field. (Attach a letter on letterhead if desired.)

Please rate the applicant using the form below.

How long and in what capacity have you known the applicant? _____

	UPPER 5%	UPPER 10%	UPPER 25%	MIDDLE 50%	LOWER 25%	Not Able to Judge
Intellectual ability						
Imagination and creativity						
Ability to work independently						
Preparation in chosen field						
Motivation and perseverance						
Oral and written communication skills						
Ability or potential for college teaching						

Please indicate your overall endorsement of the applicant by marking the appropriate box below.

Highly Recommended Recommended Recommended with Reservation Not Recommended

Signed _____ Date _____

Position _____