

**LETTER OF RECOMMENDATION**  
for Admission to Graduate or Professional School

Under the Family Education Rights and Privacy Act of 1974, the candidate named below will have access to this recommendation unless s/he has waived that right by signing below. If the waiver is signed, this recommendation will be kept confidential from the candidate.

**To the Applicant:** Complete this section and sign. Please print.

Candidate's Name: \_\_\_\_\_

BA/BS: \_\_\_\_\_

I  waive  do not waive my right to review this letter of recommendation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**To the Writer:** If you wish to use business letterhead for additional remarks, please staple this form to it.

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

In what capacity do you know the applicant? \_\_\_\_\_

*Please check one rating  
for each criterion*

*Above Average*

*Average*

*Below Average*

*Unable  
to Rate*

Ability to grasp new concepts

	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>Unable to Rate</i>
Originality and intellectual creativity				
Logical thought				
Written expression				
Oral expression				
Perseverance toward goals				
Knowledge of subject area				
Potential for research and teaching				

Writer's Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_