

**RECOMMENDATION FOR
GRADUATE SCHOOL**



Please type or print all information requested in this box before submitting the reference to a potential respondent. If you are applying to a graduate program that requires a discursive letter, please request that the respondent attach this form to his/her letter. Please refer to Item G on the instruction page.

Applicant's Name: _____ Social Security Number _____
Last First Middle

Other Names Under Which Records May Be Listed: _____ Birthdate: _____
Month / Day / Year

Address: _____
Street City State Zip

I have applied to _____ for the _____
Indicate degree and program Indicate term and year

I **waive*** my right to review this letter of recommendation.

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

Signature of Applicant Date

* In accordance with the Family Educational Rights and Privacy Act of 1974, it is a student's right to inspect and review confidential letters and statements unless the student expressly waives that right.

Respondent's Name (please print): _____ Phone: _____

Position/Title: _____

Institution or Organization: _____

Address: _____

Date Signature of Respondent

1. I have known the applicant as an undergraduate student graduate student other _____

2. I have known the applicant for a period of _____ years and/or _____ months.

3. I have served as applicant's adviser teacher department chair employer other _____

To the Respondent:

In the rating scales below, please describe the applicant by checking the box that most nearly represents your evaluation. Compare the applicant, on each item, with a representative group of students who have had approximately the same amount of experience and training as the applicant.

Applicant's Academic Ability:

	No Basis for Judgment	Below Average	Average	Good	Excellent (top 4 to 10%)	Outstanding (top 1 to 3%)
4. Degree of mastery of the fundamental knowledge in applicant's general field:						
5. Knowledge of and ability to use basic laboratory techniques:						
6. Knowledge of and ability to use computers:						
7. Ability to express self in speech and in writing:						
8. Self-reliance and independence:						
9. Motivation toward a successful, productive career:						
10. Emotional stability and maturity:						
11. Possession of a fertile imagination and originality:						

Note: Educational level of the group with whom applicant is compared: Senior Master's Candidate Ed.D. Ph.D.

12. What is your assessment of the applicant's ability to do graduate work?

13. Recommendation:

- (a.) I recommend the applicant without reservation as an excellent prospect.
- (b.) I recommend the applicant with some reservation.
- (c.) I cannot recommend the applicant for graduate work at this time.

If you have checked (b.) or (c.) please elaborate.

14. Please comment on the applicant's qualifications for this program of study. If the applicant has applied to the Teacher Education Program and/or for admission to the Graduate School of the College of Education and Human Development at the University of Louisville, we would appreciate your evaluation of this individual's personal and/or professional qualities that would indicate success as a teacher. (Use an additional sheet of paper if needed).

Respondent's Name: _____
Last First Middle

Please mail to:

Office of Graduate Admissions
University of Louisville
Louisville, Kentucky 40292