Applicant Name:____________________________________________
Birth Date:_________________________________________________
Planned Graduate Program (circle one): MS  MS-nonthesis  PHD   Major:_____________________________

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974
Under provisions of the Family Education Rights and Privacy Act of 1974, the applicant has the right to review this recommendation with the understanding it will be used only for the purposes of admission and initial consideration for award of financial aid. Please check one of the following boxes:
☐ I hereby waive my right to review the recommendation.
☐ I do not waive my right to review the recommendation.

REVIEWER'S INFORMATION
Reviewer’s Name:____________________________________________
Title:________________________________________________________
Institution:____________________________________________________
Department:____________________________________________________
Email:________________________________________________________

ACQUAINTANCE WITH APPLICANT
2. I have known the applicant as (select as many as are applicable):
☐ Undergraduate Student
☐ Graduate Student
☐ Research Assistant
☐ Other:

3. I have served as the applicant’s (select as many as are applicable):
☐ Research Advisor
☐ Major Advisor
☐ Teacher (one class)
☐ Teacher (many classes)
☐ Department Chair
☐ Other:

APPLICANT’S SCHOLARLY CHARACTERISTICS

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<tr>
<th></th>
<th>Exceptional (Top 1%)</th>
<th>Outstanding (Top 5%)</th>
<th>Excellent (Top 10%)</th>
<th>Very good (Top 25%)</th>
<th>Satisfactory (Top 50%)</th>
<th>Below average (Below 50%)</th>
<th>No basis for Judgment</th>
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<tbody>
<tr>
<td>Intellectual Ability</td>
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<td>Knowledge in Chosen Field</td>
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<td>Scientific Ability</td>
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<td>Imaginative/Creative Ability</td>
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<td>Laboratory skills</td>
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<td>Teaching Potential</td>
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<td>Initiative, Motivation, Perseverance, Commitment</td>
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<td>Written Communication in English</td>
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<td>Verbal Communication in English</td>
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<td>Visual/Graphic Communication</td>
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<td>Analytical Ability</td>
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<td>Ability to Work Independently</td>
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<td>Ability to Work as a Team Member</td>
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<td>Maturity and Stability</td>
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APPLICANT’S OVERALL RATING
☐ Strongly Recommended
☐ Recommend
☐ Recommend with Reservations
☐ Do not recommend

APPLICANT’S OVERALL RANKING (Academic Reference only)
☐ Best Student This Year
☐ Best Student in ____ Years.
☐ Top ____% of Students This Year
☐ Unable to Rank
Applicant Name:____________________________________________
Planned Graduate Program (circle):   MS MS-nonthesis      PHD   Major:___________________________

Please use the remainder of this form (or attach a letter typed on letterhead) to evaluate the applicant’s suitability as a graduate student. In your statement, please consider the following:

1) How long and in what capacity have you known the applicant?
2) Would the student be appropriate for a graduate teaching assistantship? Why or why not?
3) If the student were applying to your program, would you sponsor them for the degree they seek?
4) Can you provide a rationale for unusually high or low rankings in specific categories described in the above table?

_________________________________________
SIGNATURE OF REVIEWER                 DATE