Applicant’s Name __________________________________________

____ I waive my right of access to this recommendation as it is used solely for the purpose of admission.
____ I do not waive my right of access.

Applicant’s Signature ______________________________________  Date ________________________________________

To be completed by professor giving reference:
How long have you known the applicant and in what capacity? ___________________________________________________

Level of motivation for graduate study:
O Exceptional
O Good
O Fair
O Poor
O Weak in some respects such as:
________________________
O Not observed

Potential for conducting independent research:
O Outstanding
O Good
O Fair
O Poor
O Weak in some respects such as:
________________________
O Not observed

Oral communication:
O Exceptionally good
O Good to fair
O Difficult to understand
O No opinion

Written communication:
O Exceptionally good
O Good to fair
O Difficult to understand
O No opinion

Work habits:
O Works at full capacity
O Works well, has reserve capacity
O Satisfactory, but not best performance
O Inclined to “get by”
O Not observed

Laboratory skills:
O Good
O Fair
O Poor
O Not observed

Integrity and honesty:
O Appropriate
O Poor
O Difficulties such as ____________
O Not observed

Would you be pleased to have this person as a graduate student working in your research laboratory?
____ Yes    ____ No    ___ Would hesitate because______________

Among about ________ students I have known in this field, I would rank this Applicant in the upper ________ percent.

My recommendation to the doctoral level of graduate school is:
O Strong
O Moderate
O Marginal
O I do not recommend

Please attach a separate sheet with your evaluation of and your personal reaction to the applicant. Include any clarification for the previous ratings if you wish. Thank you for your time and effort.

Please print your name ___________________________________________________________________________________
Signature________________________________________  Date______________________________________________
Title____________________________________________  Institution_________________________________________
Department_______________________________________  City_______________________  State________  Zip_________________
Phone__________________________________________________________________________________________