

RECOMMENDATION FORM

Submit three recommendations. Please photocopy additional forms as needed.

Instructions to applicant: Please complete the information below and then give this form to the person who will offer a recommendation on your behalf. Also provide this person with an envelope addressed to the Graduate School.

Social Security Number

Proposed program; 4 letter code from Graduate Programs Directory

Last Name _____ First Name _____ Middle _____

Phone (home) _____ Phone (work) _____ Fax _____

Current Address: Street _____ City _____ State/Country _____ Zip _____

Electronic Mail Address _____

Public Law 93-380, Educational Amendment Act of 1974, grants students the right to have access to letters of recommendation in their placement files. I wish to waive access to my letters. Yes No

Signature _____ Date _____

Instructions to the recommender: Please write a short assessment of the applicant below. We are particularly interested in the applicant's strengths, weaknesses, and characteristics that would help the faculty review committee judge the applicant's ability to succeed in graduate school. Feel free to continue on the other side if needed or use your own letterhead attached to this form. Also, please give your impression of the applicant in the chart below.

	Excellent	Above Average	Average	Below Average	Poor	Unable to Assess
Analytical ability						
Breadth of knowledge						
Verbal expression skills						
Written expression skills						
Perseverance						
Maturity						
Potential as a teacher/scholar/researcher						
Overall academic potential						
Print Name, Title _____						
Institutional Affiliation _____						
Address of Recommender _____						
Date: _____ Telephone: _____ Fax: _____ E-mail: _____						
Signature _____						

PLEASE SEND THIS FORM DIRECTLY TO THE DEPARTMENT TO WHICH YOU DESIRE ADMISSION
 See campus addresses under "Graduate Programs Directory" at
<http://graduate.umaryland.edu/prog.directory.html> or call the Graduate School