

Recommendation Form for Applicant
For Graduate Admissions

Name of applicant _____

Last (Surname)

First

Middle

Degree sought _____ Department _____ School _____

Date of Birth _____

If you agree to waive your right under the Family Education Rights and Privacy Act of 1974 to review specific and composite letter of recommendation, please sign here.

Applicant's signature _____ Date _____

Please fill out the form below or use a separate sheet for your answers.

1. How long have you known the applicant? _____ In what capacity? _____

2. The Admissions Committee will be very grateful for your estimate of the applicant's preparation, aptitude, and creativity for independent work at the graduate level. Your comparison of the applicant with other students who have done graduate work at Rochester or your school would be particularly valuable.

3. Please comment on the applicant's motivation, maturity, self-confidence, and strength of commitment as it relates to the chosen field of study.

4. Among the students at a similar level whom you have known in recent years, how would you rate this student?

- Among the very best you have taught Top 5% Top 10% Top Quarter Average

Signature _____ Date _____

Name of recommender (please print) _____

Position, profession, or occupation _____

E-mail address _____ Phone (____) _____

Professional address _____

For mailing address, see next page

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