LETTER OF RECOMMENDATION
REPORT ON THE ACADEMIC AND PROFESSIONAL ABILITIES OF AN APPLICANT FOR GRADUATE ADMISSIONS

TO BE COMPLETED BY APPLICANT
Please complete the information below and forward this form to a person (e.g. employer, supervisor, head of department, academic advisor, or one of your professors) who knows you well enough to evaluate your qualities and abilities.

FIRST NAME              LAST NAME               M.I

PROGRAM OF STUDY

RECOMMENDERS NAME

Under the Federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. It is your option to waive your right to access to these recommendations or to decline to do so. Please mark the appropriate phrase below, indicating your choice of option, and sign your name:

☐ I waive my right to review of this recommendation     ☐ I do not waive my right to review of this recommendation

APPLICANT SIGNATURE               DATE

TO BE COMPLETED BY RECOMMENDATION WRITER
Please complete the information below.

HOW LONG AND IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT?

PLEASE RATE THE APPLICANT COMPARED TO PEERS IN THE FOLLOWING CATEGORIES:

<table>
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<tr>
<th>RATING</th>
<th>UPPER 5%</th>
<th>UPPER 10%</th>
<th>UPPER 25%</th>
<th>MIDDLE 50%</th>
<th>LOWER 25%</th>
<th>NOT ABLE TO JUDGE</th>
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<tr>
<td>Intellectual ability</td>
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<td>Imagination and creativity</td>
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<td>Ability to work independently</td>
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<td>Preparation in chosen field</td>
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<td>Motivation and perseverance</td>
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<td>Oral and written communication skills</td>
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<td>Ability or potential for college teaching</td>
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Please provide other comments, related to the applicant’s potential success in a graduate program, which you believe would be of importance to the graduate admissions committee. If you wish, you may attach a separate letter instead of using the text box below.

ADDITIONAL COMMENTS

Please indicate your overall endorsement of the applicant by marking the appropriate box below:

☐ HIGHLY RECOMMENDED
☐ RECOMMENDED
☐ RECOMMENDED WITH RESERVATIONS
☐ DO NOT RECOMMEND

Signature of Recommender

Date

Position

Email

Please email the completed form to gradapps@kent.edu