Indiana University
The University Graduate School
Recommendation for Admission__, Fellowship__, Assistantship__

Deadline: ____________________________

Mail the completed form to: Graduate Admissions Chair

I. Applicant: Complete this section and fill in the above deadline as well as name and address of the department to which you wish this form to be sent. The addresses of the degree programs can be found on the departmental page of the Electronic application you filled out.

APPLICANT: RECOMMENDER:

Name ________________________________
Degree sought __________________________

Name ________________________________
Title _________________________________
Department ____________________________
Institution ____________________________
City, State, Zip Code ____________________

The Family Educational and Privacy Act of 1974 opens many student records for the student’s inspection. The law also permits the student to sign a waiver relinquishing his or her rights to inspect letters of recommendation. The applicant’s signature below indicates the choice.

I hereby waive my right to access to the information I do not waive my right of access to the information
recorded below. recorded below.
Signature, date _________________________

II. RECOMMENDER: Under the Provisions of the Family Educational Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided unless he or she has waived such access.

After responding to the items below, please comment specifically on the applicant’s strengths and limitations for graduate study. You may use the other side of this form or attach a letter.

1. How long and in what capacity have you known the applicant? ____________________________

2. Rate the applicant in comparison with the approximately ________ students you have known at this level (e.g., graduating seniors, M.A. students) in the applicant’s discipline. These ratings should complement but not replace your comments on the other side of this form or in your attached letter.

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<th>Trait</th>
<th>Truly Exceptional (Top 1%)</th>
<th>Outstanding (Top 5%)</th>
<th>Excellent (Top 10%)</th>
<th>Very Good (Top 25%)</th>
<th>Above Average (Top 50%)</th>
<th>Below Average (Lower 50%)</th>
<th>Unable to Comment</th>
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<tbody>
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<td>Intellectual potential</td>
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<td>Ability to plan and conduct research</td>
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<td>Creativity and originality</td>
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<td>Knowledge in chosen field</td>
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<td>Ability to work independently</td>
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<td>Teaching potential</td>
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<td>Motivation for graduate study</td>
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<td>Overall potential for graduate work</td>
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3. Indicate the strength of your overall endorsement by placing an “X” along the following scale:

{-----------------------------------------------------------------------------------------------------------------------------------------}
Highly Recommended Recommended Recommended with some reservations Not Recommended

Signature ___________________________ Date ___________________________