

# Recommendation for Graduate Study

Graduate Admissions Office (MS \_\_\_\_\_) • Fairfax, Virginia 22030

**To Be  
Completed  
by the  
Applicant**

Name \_\_\_\_\_

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Social Security Number (optional)

Admission Term  Fall  Spring  Summer 20\_\_

Intended Graduate Program \_\_\_\_\_

Public Law 93.390 allows the applicant a choice regarding access to letters requested after January 1, 1975. Because the university believes that letters submitted in confidence carry greater weight, it is suggested that the right to access be waived. ***It is essential that the applicant complete the following statement:***

I hereby  waive  do **not** waive access to this letter.

Signature \_\_\_\_\_

**To Be  
Completed  
by the  
Recommender  
and Returned  
to the Applicant**

The graduate admissions procedure requires the applicant to gather individual letters of recommendation, as well as other documents, and submit a complete set of documents with the application. An advantage of this system is that the student knows the application is complete when submitted. After completing this form, please place it in an envelope addressed to the applicant, seal the envelope, and sign and date it across the seal. ***Return it to the applicant***, who will forward it to the university, unopened, with the application materials. The student has indicated above whether access to this recommendation has been waived. ***If you prefer to mail your recommendation directly to Graduate Admissions at the mail stop (MS) listed above, please inform the candidate and respond promptly to avoid delays in processing the application.*** We appreciate your cooperation. If additional space is needed, please feel free to attach a separate sheet. If you prefer, you may type your entire statement on your organization's official stationery and attach it to this form.

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Please evaluate the applicant by placing a check in the column that most nearly represents your opinion. If you lack the knowledge to make a definite rating, please check "Inadequate Opportunity to Observe."

Area of Evaluation	Inadequate Opportunity to Observe	Below Average	Average	Above Average (Upper 25%)	Superior (Top 10%)
Intellectual Ability					
Ability to Communicate					
Self-Reliance/Independence of Thought					
Motivation					
Professional Interest					

Recommendation based on applicant's ability to pursue graduate study (check one):

Strongly recommend     Recommend     Recommend with reservation     Do not recommend

Please add any comments that might assist the department in making a judgment about the applicant's admission to graduate school.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please print clearly below:*

Name \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

E-mail \_\_\_\_\_ Phone (W) \_\_\_\_\_ (H) \_\_\_\_\_

**Applicant Must Duplicate This Form**