

# RECOMMENDATION FORM

## PART A: TO BE COMPLETED BY APPLICANT

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
U.S. Social Security Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth mm/dd/yyyy

Proposed Graduate Program

Four Letter Program Code

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Degree Objective

Area of Interest

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\_\_\_\_\_  
Last Name (Family Name)

\_\_\_\_\_  
First Name (Given Name)

\_\_\_\_\_  
Middle Name (if any)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State or Province

\_\_\_\_\_  
Zip (+4)

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I agree that the recommendation I am requesting shall be held in confidence by officials of the University of Maryland, and I hereby waive any rights I may have to examine it.  Yes  No

\_\_\_\_\_  
Signature of Applicant

**Note to College Placement Offices:** If your office maintains a confidential recommendation file for students and alumni, appreciate it if you would forward such files directly to the graduate program offices. Please attach this form to the file.

## PART B: TO BE COMPLETED BY RECOMMENDER

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

  
  
  

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We would appreciate your assessment of the applicant's scholarship, personality, character, and professional promise. Please include in the statement an assessment of strengths and weaknesses. If additional space is needed, please feel free to use the reverse side of this sheet or a separate sheet. If you prefer, you may write the entire statement on your own stationery.

**Statement:**

SUMMARY EVALUATION Applicant's promise as a graduate student, in comparison with others of similar age and experience.

	Below Average	Average	Above Average	Unusual	Outstanding	Truly Exceptional	Inadequate Opportunity to Observe
	Lowest 40%	Middle 20%	Next 25%	Next 5%	Almost Top 5%	Top 5%	
Research Aptitude							
Intellectual Potential							
Ability to Work with Others							
Creativity and imagination							
Maturity							
Self-Confidence							
Communication Skills: Oral							
Communication Skills: Written							
Analytical and Problem Solving Skills							
Motivation for Proposed Plan of Study							
Potential as a Teacher							
Potential for Career Advancement							

Please indicate the strength of your overall endorsement by placing an "X" along the scale

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Not Recommended

Recommended with some reservations

Recommended

Highly Recommended

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ Employer \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_