

RECOMMENDATION FORM

Office of Graduate Studies



Directions for the Applicant:

The applicant should provide a self-addressed envelope to the recommender together with this form. The applicant should mail three letters of recommendation received from the recommenders in their sealed envelopes at one time directly to the department to which you have applied at the University of Delaware, Newark, DE 19716. Do not mail the letters of recommendation to the Office of Graduate Studies.

PART A	TO BE COMPLETED BY THE APPLICANT
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NAME (Print)	Last	First	Middle Initial
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Graduate Department or Program to which I am applying at the University of Delaware.	DEGREE SOUGHT
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I agree that the recommendation I am requesting shall be held in confidence by officials of the University of Delaware, and I hereby waive any rights I may have to examine it. Yes No

SIGNATURE OF APPLICANT	DATE
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ADDRESS OF STUDENT:	Street	City	State	Zip	Phone Number
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PART B	TO BE COMPLETED BY THE RECOMMENDER (See mailing directions on other side.)
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How long and in what capacity have you known the applicant?

Statement:

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

Please Complete Other Side

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PART C TO BE COMPLETED BY THE RECOMMENDER — SUMMARY EVALUATION

Please indicate the applicant's promise as a graduate student in comparison with others of similar age and experience.

	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	UNUSUAL	OUT-STANDING	TRULY EXCEPTIONAL
	Lowest 40%	Middle 20%	Next 25%	Next 5%	Next 5%	Top 5%
Research aptitude						
Intellectual potential						
Ability to work with others						
Maturity						
Communication skills: oral						
Communication skills: written						
Ability to analyze a problem and formulate a solution						
Motivation for proposed program of study						
Potential for career advancement						

Inadequate Opportunity to Observe

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-
-
-
-
-
-
-

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

Not recommended	Recommended with some reservations	Recommended	Highly recommended

PART D MAILING DIRECTIONS FOR THE RECOMMENDER

Please place your recommendation in an envelope, seal it, and sign your name two times over the seal. Please give the sealed envelope to the student to mail to the department shown in Part A at the University of Delaware, Newark, DE 19716.

SIGNATURE	PLEASE PRINT LAST NAME	DATE
POSITION	WITH	
ADDRESS		TELEPHONE NUMBER