

RECOMMENDATION FORM FOR GRADUATE ADMISSION
UNIVERSITY OF MIAMI

This form is to be completed and returned directly to the Graduate Department to which the applicant is applying. If the applicant is applying for assistantships and fellowships, this form must be received by February 1st.

U.S. Social Security Number (if available):

Name of Candidate: Last Name First Name Middle Name Undergraduate Major:

University Attended: Desired Graduate Major:

I hereby waive my right of access, under the Family Educational Rights and Privacy act of 1974 to this letter of evaluation respecting my application for graduate admission to the University of Miami.

Signature Date

Note that the signing of this statement is optional. Under law, refusal to sign the statement cannot be used negatively in the admission process.

THE CANDIDATE MUST FILL OUT THE BLANKS ABOVE.

1. Applicant's promise for graduate study and research:
(excellent, good, fair, poor)

2. The applicant ranks in the quarter of the graduating class of students.
(highest, 2nd, 3rd, lowest) (number)

3. I have known the applicant for years as
I have known the applicant: well slightly

4. Do the applicant's grades indicate probable success in the graduate program selected?
If not, please explain:

5. Please state your evaluation of the candidate briefly below. We are interested in character, industry, ability, originality, and other personal qualities. Continue on a separate sheet if necessary.

6. Summary evaluation of overall academic ability: Comparing the applicant with a representative group of students in the same field who have had approximately the same amount of experience and training. How do you rate the applicant in GENERAL ACADEMIC ABILITY AND APTITUDE FOR RESEARCH?

Table with 8 columns: BELOW AVERAGE, AVERAGE, SOMEWHAT ABOVE AVERAGE, GOOD, UNUSUAL, OUT-STANDING, TRULY EXCEPTIONAL, INADEQUATE OPPORTUNITY TO OBSERVE. Includes percentage breakdowns like Lowest 40%, Middle 20%, etc.

NAME (PRINT) POSITION

DATE SIGNATURE INSTITUTION