

DO NOT STAPLE

Graduate College The University of Vermont LETTER OF RECOMMENDATION

NAME:

Last First Middle

ADDRESS:

Number and Street

City State/Country Zip

APPLICATION DEADLINE DATE: _____ DEGREE SOUGHT _____

PROGRAM _____ SPECIALIZATION _____

Under the Family Education Rights and Privacy Act of 1974, you will have access to this letter of recommendation, if admitted and enrolled, unless you have waived such access. Please check one of the following statements and sign below.

I hereby waive my right of access to this letter of recommendation.

I do not waive my right of access to this letter of recommendation. _____
Signature of Applicant

Date

Recommender: The person named above is applying for admission to a graduate program at The University of Vermont. We would appreciate your candid evaluation of this applicant's potential to undertake and complete the proposed program. On the back of this page, or on an attached page, please describe specific characteristics, skills, or experiences of this applicant that should be considered in reviewing this application to graduate school.

Recommendations are to be mailed to the applicant in a signed and sealed envelope with the applicant's name and University of Vermont written thereon, for forwarding with other supporting materials.

In what role has this applicant been associated with you? (Please check all that apply).

As an undergraduate student

As a graduate student

Other (please specify)

As an academic advisee

As an employee

How long have you known this applicant? _____

How would you rate this applicant's overall ability to successfully undertake and complete the graduate program indicated above?

Exceptional Very Good Good Average Below Average

Please rate this applicant in the following areas relative to others you have been associated with in a similar role:

| | Top 2% | Top 3-10% | Top 11-25% | Top 26-50% | Lower 50% | Unable to Judge |
|--|--------|-----------|------------|------------|-----------|-----------------|
| Ability in Oral Expression | | | | | | |
| Ability in Written Expression | | | | | | |
| Ability to Conduct Independent Research or Scholarship | | | | | | |
| Emotional Maturity | | | | | | |
| Intellectual Creativity | | | | | | |
| Overall Academic Ability | | | | | | |
| Academic Ability in Applicant's Major Field | | | | | | |

(Please print or type)

Name _____ Signature _____

Title _____ Date _____

Institution _____

Address _____