



This applicant has not waived her/his right to review this recommendation.

Please answer the following questions regarding the applicant. Recommendations MUST be submitted by December 15.

We encourage you to write your comments using a Word processor and paste into this Letter of Recommendation tool. There is a 25 minute session limit, so please save your work frequently by using the Save Form/Finish Later button at the bottom of the page.

Recommendation

What is your relationship to the applicant?		
How long have you known the applicant?	years	months

How would you rate the applicant relative to others you have known in a similar capacity with respect to the following:

	Truly Exceptional Top 1%	Outstanding Top 5%	Excellent Top 10%	Very Good Top 25%	Average Top 50%	Below Average Lower 50%	Unable to Evaluate	
Please rank the applicant's writing ability:								
Please rank the applicant's presentation skills:								
Please rank the applicant's reasoning and analysis								

Please rank the applicant's mathematics and							
statistics skills:							
Please rank the applicant's overall intellectual ability:							
Question 1: Know	vledge of App	licant: How do	you know t	he applica	nt? How lo	ng have yo	u known the
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		emic preparati	on, strength	s and wea	knesses in	knowledge	and methodo
Question 2: Comr kills. 0,000 character lim Question 3: Comr	it. Anything ov	er this limit will	be removed v	vhen you su	bmit this for	m.	
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