

The Graduate School

State University of New York at Stony Brook
 Stony Brook, New York 11794-4433

**LETTER OF RECOMMENDATION FOR ADMISSION
 FOR GRADUATE STUDY**

Social Security Number _____

Name of Applicant: _____ Department/Program Applying to: _____
Last or Family Name First Name Middle Name

Current Address: _____ Semester and Year Applying for: _____

City, State: _____ Telephone: _____

Zip Code, Country: _____

I understand that I have the right to inspect my file upon request under the Family Educational Rights and Privacy Act of 1974. I hereby DO WAIVE my right of access to this letter of recommendation.

_____ *Signature of Student* _____ *Date*

Writers of letters of recommendation are requested to write a statement on this form and return two copies. If additional space is needed please attach a separate page. The Graduate School is grateful for any pertinent information regarding the applicant, but will particularly appreciate the writer's opinion of the candidate's ability to carry on advanced studies in his/her field. A careful discrimination between strong and weak characteristics of the candidate will be more helpful than routine praise.

Please rate the applicant in comparison with others of his/her age and position whom you have known within the past five years. If possible, indicate the number of students with whom you are comparing the applicant. _____

	Upper 1% or 2%	Upper 10% but not upper 1% or 2%	Upper 25% but not upper 10%	Upper Half but not upper 25%	Lower half	No basis for judgement
Academic Performance						
Intellectual Ability						
Ability to Express Him/Herself						
Motivation for Proposed Field of Study						

Would you admit the applicant in your department?
 Potential as a Teaching Assistant: Assuredly Probably Possibly No
 High Adequate Low No basis for judgement

Signature _____ Date _____

Printed Name _____ Position _____

Address _____