

Letter of Recommendation Request Form

To the Applicant: This form should be given to a supervisor, or instructor/professor under whom you have worked who is able to comment on your qualifications for graduate study. Please type or print the upper part of this form:

Your Name: _____ Name of Recommender: _____

Your Address: _____

In the event that you are admitted to the University of South Florida, you would have the right, provided by the Family Educational Rights & Privacy of 1974 (Buckley Amendment), to view this recommendation in your file at the University of South Florida. Please note that some persons prefer not to complete the recommendation forms unless they can be assured of the confidentiality of their comments. It is our opinion that comments provided on a confidential basis are likely to be of more help to us in judging important characteristics such as creativity, originality, independence and research capability. Therefore, the University of South Florida is affording you the opportunity to waive your right of subsequent access to this reference statement. Your application for admission and/or financial support will be given full consideration based on all the information accumulated in your application file, including this form, regardless of your decision on waiving your right of future review.

I do I do not waive my right to view this recommendation form.

Signature Date

To the Reference: Please complete and enclose this recommendation in an envelope, seal and sign on the back. Return it to the applicant or mail directly to our program at **Attn.: Sarina Maldonado, Department of Mathematics, University of South Florida, 4202 E. Fowler Ave., PHY 114, Tampa, FL 33620-5700.** We sincerely appreciate your time and cooperation.

Please rank the applicant (check an appropriate box in each row):	Lower Third	Middle Third	Upper Third	Upper 10%	Upper <5%	Cannot evaluate
Mathematical Ability and Reasoning						
Motivation and Diligence						
Creativity and Research Potential						
Teaching Capabilities						
Emotional Maturity						
Work Habits						

Name: _____ Signature: _____

Title: _____ Date: _____

E-mail address: _____ Phone Number: _____

On the back of this page or on a separate sheet of paper, please communicate to us in your own words

- Your evaluation of the applicant for graduate education
- How long you have known the applicant and in what capacity
- Your name, title, institution, address, e-mail address and telephone number