

**LETTER OF RECOMMENDATION FOR CONTINUING/RETURNING  
GRADUATE STUDENT 2015 - 2016**

Name of Applicant: \_\_\_\_\_  
 (Please print) Last Name First Name M.I.

Area/Program: \_\_\_\_\_

**To the Recommender:**

The person named above is applying for a fellowship from the Graduate School of Education at Berkeley. What are your personal impressions of the candidate's intellectual ability, ability in research, and/or professional skills? Please comment on the quality of previous work, professional growth during the period you have known this individual, and promise of productive scholarship.

Rate this applicant in overall promise compared to other students in the UC Berkeley GSE or comparable programs (Check one)

Below Average 1 <input type="checkbox"/>	Average 2 <input type="checkbox"/>	Above Average 3 <input type="checkbox"/>	Good 4 <input type="checkbox"/>	Excellent 5 <input type="checkbox"/>	Outstanding 6 <input type="checkbox"/>	Truly Exceptional 7 <input type="checkbox"/>	Inadequate Opportunity to Observe <input type="checkbox"/>
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Please complete if applicable:

Best student this year ☐ Best student in five years ☐ Best student in ten years ☐ Best student in ☐ years

Recommender's name: \_\_\_\_\_

Position or title: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to the Fellowships Assistant, School of Education, 1600 Tolman Hall, UC Berkeley, Berkeley, CA 94720 **no later than February 25, 2015.**

