

LETTER OF RECOMMENDATION

For Admission to the Graduate School
of The University of Georgia

TO BE COMPLETED BY THE APPLICANT

Applicant's department address:

Graduate Coordinator
Name of Department _____

Address _____

The University of Georgia
Athens, GA 30602

Applicant's name: _____
Last, Family or Surname First Middle

Applicant's email address: _____

Identification number (if known): _____

Applicant's anticipated UGA degree program: _____
Major Degree

Applicant's expected semester of matriculation: _____ 20_____

Under the provisions of the Family Educational Rights and Privacy Act of 1974, you may decide whether letters of reference written at your request are to be held confidential or whether they are to be available for your personal inspection. Check one of the following statements and place your signature in the space provided so that the referee will be advised of your choice.

_____ Confidential file. I grant permission for this letter of recommendation to be held confidential by The University of Georgia.

_____ Open file. I retain the choice of having letters of reference available to me.

Signature of Applicant

TO BE COMPLETED BY REFEREE

You may wish to make additional comments by letter. If so, please attach your letter to this form so that the department may identify the applicant's choice with respect to the right of access under the Family Educational Rights and Privacy Act. Please note that while the applicant may have waived his/her right of access under the Family Educational Rights and Privacy Act, in some circumstances this letter may be subject to disclosure under the provisions of the Georgia Open Records Act. **Please mail this recommendation directly to the applicant's department as noted above.**

1. Knowledge of the Applicant:

Approximately how long have you known this applicant? _____

How well do you feel you know the applicant? Casually _____ Well _____ Very Well _____

What was the nature of your contact(s) with the applicant?

Teacher _____ Research Advisor _____ Major Advisor _____ Employer _____

Other (specify): _____

2. Evaluation: In comparison with other students in the same field who have the same amount of experience and training, I rate this person as follows:

	Top 5%	Top 10%	Top 20%	Upper 50%	Unable to Rate
Knowledge in subject of proposed study					
Ability to grasp new concepts					
Originality, intellectual creativity					
Mathematical and logical thought					
Written expression					
Oral expression					
Laboratory Skills (if applicable)					
Perseverance toward goals					
Potential as a teacher (if applicable)					
Potential in research (if applicable)					

3. Recommendation: Considering this applicant's academic record, special abilities, ambition, and determination, please indicate your recommendation:

Recommend strongly

Recommend with reservation

Recommend

Cannot recommend

4. Please add any comments which you feel will assist in evaluating the applicant's potential to pursue graduate study.

Name of Referee (please print): _____ Date _____

Signature: _____

Title: _____ Organization: _____

City, state, zip code: _____

Phone number (optional): (____) _____

PLEASE MAIL THIS FORM DIRECTLY TO THE GRADUATE COORDINATOR OF THE DEPARTMENT TO WHICH THE APPLICANT IS APPLYING. THE ADDRESS IS ON THE OTHER SIDE OF THIS FORM.