

The University Graduate School



Recommendation for (Please check one.) Admission Fellowship Assistantship

Deadline: January 15 for fall semester, September 1 for spring semester

Please note: The applicant must provide below the complete address to which the recommendation is to be forwarded.

Mail the completed form to: Graduate Admission Chair, Indiana University _____
 (See pages 15-16 for departmental addresses.) _____

I. APPLICANT: Complete this section and fill in the address above with the complete address of the department to which you wish this form sent. The addresses of the degree programs can be found on pages 15-16 of this booklet. Be sure to check the appropriate indicator of admission, fellowship, or assistantship at the top of this page.

Applicant Name _____ Degree sought _____
 Recommender Name _____ Title _____
 Department _____ Institution _____
 City, State, Zip Code _____

The Family Educational Rights and Privacy Act of 1974 opens many student records for the student's inspection. The law also permits the student to sign a waiver relinquishing his or her rights to inspect letters of recommendation. The applicant's signature below indicates the choice.

I hereby waive my right to the information recorded below. **OR** I do not waive my right of access to the information recorded below.

Signature of Applicant _____ Date _____ Signature of Applicant _____ Date _____

II. RECOMMENDER: Under the provisions of the Family Educational Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided unless he or she has waived such access.

After responding to the items below, please comment specifically on the applicant's strengths and limitations for graduate study. You may use the other side of this form or attach a letter. Please use a computer or typewriter.

1. How long and in what capacity have you known the applicant? _____

2. Rate the applicant in comparison with the other students you have known at this level (e.g., graduating seniors, M.A. students) in the applicant's discipline. These ratings should complement but not replace your comments on the other side of this form or in your attached letter.

	Truly Exceptional (Top 1%)	Outstanding (Top 5%)	Excellent (Top 10%)	Very Good (Top 25%)	Above Average (Top 50%)	Below Average (Lower 50%)	Unable to Comment
Intellectual potential _____							
Ability to plan and conduct research _____							
Creativity and originality _____							
Knowledge in chosen field _____							
Ability to work independently _____							
Teaching potential _____							
Motivation for graduate study _____							
Overall potential for graduate study _____							

3. Indicate the strength of your overall endorsement by placing an "X" along the following scale:

Highly recommended Recommended Recommended with some reservations Not recommended

Signature _____ Date _____

