RECOMMENDATION for ADMISSION to GRADUATE STUDY

Graduate School · University of Maryland Baltimore

Student ID Number or SSN_____ ***- Please Type or Print Neatly -***

_____ _____ ___

Last/Family Name First Name MI

Proposed Program – enter letter code from *Graduate Programs Directory*:

Proposed track, specialization, or concentration (required for all degree candidates):

_____

Instructions to applicant: Please complete the information below and then give this form to the person who will offer a recommendation on your behalf. Also provide this person with an envelope addressed to your desired program's address. Remember, three letters of recommendation are required. Public Law 93-380, Educational Amendment Act of 1974, grants students the right to have access to letters of recommendation in their files. Do you wish to waive access to your letters? Yes ___ No ___

Signature _____ Date _____

Instructions to the Recommender: Please write a short assessment of the applicant below. We are particularly interested in the applicant's strengths, weaknesses, and characteristics that would help the faculty review committee judge the applicant's ability to succeed in graduate school. Feel free to continue on the other side if needed or use your own letterhead attached to this form. Also, please give your impression of the applicant using the chart below.

	Excellent	Above Average	Average	Below Average	Poor	Unable to Assess
Analytical Ability						
Breadth of Knowledge						
Verbal Expression Skills						
Written Expression Skills						
Perseverance						
Maturity						
Potential as Scholar/Researcher						
Overall Academic Potential						

Print Name and Title _____

Institutional Affiliation _____

Email _____ Telephone _____ Fax _____

Signature _____ Date _____

Please send recommendations (3 required) directly to the program or department to which you desire admission – See campus addresses under *Graduate Programs Directory* at http://graduate.umaryland.edu/catalog/prog_directory.html