

Recommendation for Admission

HORACE H. RACKHAM SCHOOL OF GRADUATE STUDIES
UNIVERSITY OF MICHIGAN

Applicant

INSTRUCTIONS: You **must provide all information requested** in this top section. This information will be used to insure that this recommendation will be matched to your application file. **Provide your recommender with an envelope addressed to your Program of Study.** The completed recommendation and any attached information (if applicable) must go directly to the Program of Study to which you are applying. **DO NOT** send this form to Rackham Graduate School Admissions. Please follow the Program of Study's instructions if different than above.

<p>Name of Applicant _____</p> <p>Birthdate _____</p> <p>Telephone _____</p> <p>E-mail _____</p> <p>Program of Study _____</p> <p>Subplan (if applicable) _____</p> <p>Application Deadline Date* _____</p> <p>Program of Study Address* _____</p> <p>_____</p> <p>_____</p>	<p>Name of Recommender _____</p> <p>Title _____</p> <p>Business Address _____</p> <p>_____</p> <p>Business Telephone _____</p> <p>E-mail _____</p> <p>Institution or Company _____</p> <p>_____</p> <p>Department _____</p>
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Under the provisions of the Family Education Rights and Privacy Act of 1974, you (if admitted and enrolled) will have access to the information provided unless you have waived such access. Please sign and date below to inform us of your decision.

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

Signature of Applicant _____ Date _____

Recommender

INSTRUCTIONS: 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/she has waived such access. **This form must be received by the application deadline date listed above*.**

In addition to responding to the items below, feel free to attach a letter that comments specifically on the applicant's strengths and limitations for graduate study. If you attach a letter, descriptions of significant actions, accomplishments, and personal qualities related to scholarly achievement are particularly helpful. Several paragraphs will be more useful to the faculty admission committee than one or two sentences. Please provide the full name of the student as it appears above to ensure that your recommendation will be added to the correct applicant file. Will you attach a letter? Yes No

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

2. Please rate the applicant in comparison with others whom you have known at similar stages in their careers.

	Exceptional Upper 5%	Outstanding Next 15%	Very Good Next 15%	Good Next 15%	Next 50%	No Basis for Judgment
Knowledge in chosen field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation and perseverance toward goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express thoughts in speech and writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability/potential for college teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to plan and conduct research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please indicate the strength of your overall endorsement by placing an "X" along the scale.

<input type="checkbox"/> Highly Recommended	<input type="checkbox"/> Recommended	<input type="checkbox"/> Recommended with Some Reservations	<input type="checkbox"/> Not Recommended
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Name (please print) _____

Signature _____ Date _____

* This completed form (and attachment if applicable) should be sent to the Program of Study address (see above). Recommendations received after the program's deadline date may not be considered.