

Recommendation for Admission

**HORACE H. RACKHAM SCHOOL OF GRADUATE STUDIES
UNIVERSITY OF MICHIGAN**

This form and letter of recommendation must be sent directly to the program of application. Provide the recommender with an envelope addressed to your program of intent. Please type or print.

I. Instructions to the Applicant

You **must** provide **all** information requested in this top section. Print your name and Social Security number as they appear on your application to insure that this recommendation will be matched to your application file. Print the name of the program to which you are applying and its application deadline date. Check the correct campus (see item 17 on the application). Sign on the appropriate line.

Print the name and address of your recommender where indicated. Provide him or her with an envelope addressed to your program of intent. The completed recommendation and any attached information (if applicable) must go directly to the graduate program to which you are applying. Do **NOT** send this to Rackham Graduate School Admissions. Please follow program instructions if different than above.

Name of Recommender

Title _____
 Address _____

 Telephone _____
 E-mail _____
 Program _____
 Institution _____

Name of Applicant

Social Security No. _____
 Telephone _____
 E-mail _____
 Program of Application _____
 Subplan (If applicable) _____
 Application Deadline Date _____
 Program Address _____

Ann Arbor 48109 Dearborn 48128-1491

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.

Signature of applicant _____
 Date _____

OR

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

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/she has waived such access.

In addition to responding to the items below, please comment specifically on the applicant's strengths and limitations for graduate study. Please use the back side of this form for your comments or 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 admission committee than one or

two sentences. If you do not wish to use this form, please include the full name of the student as it appears above to ensure that your recommendation will be added to the correct applicant file.

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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Highly recommended | Recommended | Recommended with some reservations | Not Recommended |

Name (printed) _____
 Signature _____ Date _____