Recommendation for Graduate Study

To Be Completed by the Applicant

Name ____________________________________________
Admission Term  ☐ Fall  ☐ Spring  ☐ Summer  20___
Intended Graduate Program ________________________________

Public Law 93.390 allows the applicant a choice regarding access to letters requested after January 1, 1975. Because the university believes that letters submitted in confidence carry greater weight, it is suggested that the right to access be waived. It is essential that the applicant complete the following statement:

I hereby ☐ waive ☐ do not waive access to this letter.

Signature ____________________________________________________________________________________________________________

The graduate admissions procedure requires the applicant to gather individual letters of recommendation, as well as other documents, and submit a complete set of documents with the application. An advantage of this system is that the student knows the application is complete when submitted. After completing this form, please place it in an envelope addressed to the applicant, seal the envelope, and sign and date it across the seal. Return it to the applicant, who will forward it to the university, unopened, with the application materials. The student has indicated above whether access to this recommendation has been waived. If you prefer to mail your recommendation directly to Graduate Admissions at the mail stop (MS) listed above, please inform the candidate and respond promptly to avoid delays in processing the application.

How long have you known the applicant? ____________________ In what capacity? ____________________________________________

Please evaluate the applicant by placing a check in the column that most nearly represents your opinion. If you lack the knowledge to make a definite rating, please check “Inadequate Opportunity to Observe.”

<table>
<thead>
<tr>
<th>Area of Evaluation</th>
<th>Inadequate Opportunity to Observe</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average (Upper 25%)</th>
<th>Superior (Top 10%)</th>
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</thead>
<tbody>
<tr>
<td>Intellectual Ability</td>
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<td>Ability to Communicate</td>
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<td>Self-Reliance/Independence of Thought</td>
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<td>Motivation</td>
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<td>Professional Interest</td>
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Recommendation based on applicant's ability to pursue graduate study (check one):
☐ Strongly recommend ☐ Recommend ☐ Recommend with reservation ☐ Do not recommend

Please add any comments that might assist the department in making a judgment about the applicant’s admission to graduate school.

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Signature ___________________________ Date __________

Please print clearly below:

Name ___________________________________________________________
Position ________________________________________________________
Address ________________________________________________________
E-mail ___________________________ Phone (W) _____________________ (H) ____________________

To Be Completed by the Recommender and Returned to the Applicant

Applicant Must Duplicate This Form

Graduate Admissions Office (MS _____) • Fairfax, Virginia 22030