
RECOMMENDATION FORM

Office of Graduate and Professional Education



Directions for the Applicant:

The applicant should provide a self-addressed envelope to the recommender together with this form. The applicant should mail three letters of recommendation received from the recommenders in their sealed envelopes at one time directly to the Office of Graduate and Professional Education, University of Delaware, Newark, DE 19716.

PART A	TO BE COMPLETED BY THE APPLICANT				
NAME (Print)	Last	First	Middle Initial		
Graduate Department or Program to which I am applying at the University of Delaware.				DEGREE SOUGHT	
I agree that the recommendation I am requesting shall be held in confidence by officials of the University of Delaware, and I hereby waive any rights I may have to examine it.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
SIGNATURE OF APPLICANT				DATE	
ADDRESS OF STUDENT:	Street	City	State	Zip	Phone Number

PART B	TO BE COMPLETED BY THE RECOMMENDER (See mailing directions on other side.)
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How long and in what capacity have you known the applicant?

Statement:

We would appreciate your assessment of the applicant's scholarship and professional promise. Please include in the statement an assessment of strengths and weaknesses. If additional space is needed, please feel free to use a separate sheet(s). If you prefer, you may write the entire statement on your own stationery.

Please Complete Other Side

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PART C TO BE COMPLETED BY THE RECOMMENDER — SUMMARY EVALUATION

Please indicate the applicant's promise as a graduate student in comparison with others of similar age and experience.	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	UNUSUAL	OUT-STANDING	TRULY EXCEPTIONAL			Inadequate Opportunity to Observe
	Lowest 40%	Middle 20%	Next 25%	Next 5%	Next 5%	TOP 5%			
						Next 2%	Next 2%	Top 1%	
Research aptitude									<input type="checkbox"/>
Intellectual potential									<input type="checkbox"/>
Ability to work with others									<input type="checkbox"/>
Maturity									<input type="checkbox"/>
Communication skills: oral									<input type="checkbox"/>
Communication skills: written									<input type="checkbox"/>
Ability to analyze a problem and formulate a solution									<input type="checkbox"/>
Motivation for proposed program of study									<input type="checkbox"/>
Potential for career advancement									<input type="checkbox"/>
Potential for leadership									<input type="checkbox"/>

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

Not recommended	Recommended with some reservations	Recommended	Highly recommended

PART D MAILING DIRECTIONS FOR THE RECOMMENDER

Please place your recommendation in an envelope, seal it, and sign your name two times over the seal. Please give the sealed envelope to the student to mail to the Office of Graduate and Professional Education at the University of Delaware, Newark, DE 19716.

SIGNATURE	PLEASE PRINT LAST NAME	DATE
POSITION	WITH	
ADDRESS	TELEPHONE NUMBER	