

Recommendation Form

Applicant, please print or type the following information:

Applicant Name _____ Applicant Email _____

Applicant Graduate Program _____

Name of Evaluator _____ Evaluator's Email Address _____

Position/Institution _____

I waive my right to review or access letters and statements of recommendation written on my behalf. Yes No

Signature _____

Evaluator:

Complete the following prompt and return the completed document one of the following ways: 1) email as a saved .pdf to gradschl@up.edu, 2) mail a printed document to the address above, or 3) upload your document via SENDedu. All recommendations must be signed and submitted by the recommender to be considered valid. (Please send/upload a separate letter if you need more room to provide your recommendation.)

Please give your evaluation of the candidate's promise for graduate study. We are interested in the candidate's preparation, intelligence, originality, research skills, and other pertinent qualities.

Summary rating: Excellent Above Average Average Below Average Poor

Name of Evaluator* _____ Date _____

* If you are submitting this form electronically, printed name serves as your signature.

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