

PART A
TO BE COMPLETED BY APPLICANT

**RECOMMENDATION
FORM**

SOCIAL SECURITY NUMBER

Date of Birth
month/day/year

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Proposed Graduate Program	Four-Letter Pgm. Code	Degree	Area of Specific Interest
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NAME (print)	Last	First	Middle
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Street Address	City	State	Zip Code
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I agree the recommendation I am requesting shall be held in confidence by officials of the University of Maryland, and I hereby waive any rights I may have to examine it. Yes No

Signature of applicant	Date
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Note to College Placement Offices: If your office maintains a confidential recommendation file for students and alumni, we would appreciate if you would forward such files directly to the graduate program offices. Please attach this form to the file.

PART B
TO BE COMPLETED BY RECOMMENDER

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

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

STATEMENT:

SUMMARY EVALUATION	Applicant's promise as a graduate student, in comparison with others of similar age and experience.
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NOTE: Please estimate the sample and population sizes with which you are comparing this student.	BELOW AVERAGE (LOWEST 40%)	AVERAGE (MIDDLE 20%)	ABOVE AVERAGE (NEXT 25%)	UNUSUAL (NEXT 5%)	OUTSTANDING (ALMOST TOP 5%)	TRULY EXCEPTIONAL (TOP 5%)	Inadequate Opportunity to observe
Research Aptitude							
Intellectual potential							
Ability to work with others							
Creativity and Imagination							
Maturity							
Self-confidence							
Communication skills: oral							
Communication skills: written							
Ability to analyze a problem and formulate a solution							
Motivation for proposed program of study							
Potential as a teacher							
Potential for career advancement							

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

Not recommended			Recommend with some reservations			Recommended			Highly Recommended		

Signature _____ Please Print Last Name _____ Date _____

Position _____ With _____

Address _____

**PLEASE MAIL DIRECTLY TO
THE GRADUATE PROGRAM SHOWN IN PART A
University of Maryland
College Park, Maryland 20742**