



Recommendation Form

To be returned to:
School of Graduate Studies
Attn: Department of Biology
Indiana State University
Terre Haute, IN 47809

Name of applicant _____
Last Middle First

Compared with _____ (number) of your former students, please indicate a relative evaluation of the applicant in regard to the following characteristics:

Characteristics	(High) 1	2	3	4	5	(Low) 6	Not observed
Scholarship & Intellect							
Data Interpretation							
Accuracy & Dependability							
Ability to Profit by Mistakes							
Initiative & Industry							
Reaction to Criticism							
Mechanical Skill							
Verbal							
Written							
Academic Maturity							
Research Potential							
Creativity							

Summary evaluation: How do you rate the applicant in overall ability to perform at a graduate level in comparison with other students at the same level of training?

- Questionable whether admission to study is merited.
- Will perform at a superior level wherever admitted.
- Qualifications marginal but deserves to go on to further study.
- Equal to the best in any department.
- Performance should be the average of most graduate students.
- Not able to judge.

The above rating is based on knowledge of the person:

- in the classroom
- outside the classroom
- as an advisee
- as a personal friend
- other _____

Please put any additional comments on official letterhead. Pay particular attention to strong and weak points.

Signed _____ Title _____

Print or Type _____ Address _____

In compliance with the Family Educational Rights and Privacy Act of 1974, a letter or recommendation may be confidential only if a student has waived his or her right to inspect it. Only recommendations returned to us with a completed waiver form (form below) can be held confidential.

Waiver of right to inspect and review records pursuant to the family educational rights and privacy act of 1974, as amended.

I have requested _____ to write a letter or statement of recommendation for me to Indiana State University for the purpose of _____ (Consideration for employment, admission, financial aids etc.).

I hereby waive my right under the Family Educational Rights and Privacy Act of 1974, as amended, to inspect and review such letter or statement. I certify that this waiver is given voluntarily by me.

_____ Date _____ Student's Signature _____