RECOMMENDATION FORM FOR GRADUATE ADMISSION
UNIVERSITY OF MIAMI

This form is to be completed and returned directly to the Graduate Department to which the applicant is applying. If the applicant is applying for assistantships and fellowships, this form must be received by January 15th.

Name of Candidate: _________________________________________________________________________________________________________________

Last Name     First Name         Middle Name

U.S. Social Security Number (if available): ___________________________________        Undergraduate Major: ______________________________________

University Attended: _____________________________________________________        Desired Graduate Major: ____________________________________

I hereby waive my right of access, under the Family Educational Rights and Privacy Act of 1974 to this letter of evaluation respecting my application for graduate admission to the University of Miami.

___________________________________________      ____________________________________
      Signature                     Date

Note that the signing of this statement is optional. Under law, refusal to sign the statement cannot be used negatively in the admission process.

THE CANDIDATE MUST FILL OUT THE BLANKS ABOVE.

1. Applicant’s promise for graduate study and research:
_______________________________________________________________________________________________________________________________
(excellent, good, fair, poor)

2. The applicant ranks in the _______________________________ quarter of the graduating class of ___________ students.
(highest, 2nd, 3rd, lowest)        (number)

3. I have known the applicant for ___________ years as _______________________________________________________________________________
I have known the applicant:      [ ] well
[ ] slightly

4. Do the applicant’s grades indicate probable success in the graduate program selected?
_______________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________

5. Please give as extensive an evaluation of the candidate as possible by attaching your narrative recommendation (preferably on letterhead) to this form. We are interested in character, industry, ability, originality, and other personal qualities.

6. Summary evaluation of overall academic ability: Comparing the applicant with a representative group of students in the same field who have had approximately the same amount of experience and training. How do you rate the applicant in GENERAL ACADEMIC ABILITY AND APTITUDE FOR RESEARCH?

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NAME (PRINT)                       POSITION

DATE                       SIGNATURE                       INSTITUTION