

**Letter of
Recommendation**



If you have questions
about this form,
please call (314)935-6880

To be completed by applicant:

This completed form should be sent by the recommender to:

_____ (Department/Program Name)

Washington University
Campus Box Number _____
One Brookings Drive
St. Louis, MO 63130-4899

Applicant: (Please consult the Department/Program Address Sheet for the proper name and campus box number of the department/program to which you are applying and to which this form will be sent).

To be completed by applicant:

Applicant's Name _____
(Last, Family) (First) (Middle)

Degree Sought _____

Applicant for Admission to: _____
(Department or Program)

Please describe contacts with the recommender:

To be read by applicant and recommender:

Under the Family Educational Rights and Privacy Act of 1974, students enrolled at Washington University have access to their admission records, including letters of recommendation. However, students may waive their right to see letters of recommendation, whereupon such letters will be held in confidence. If the applicant has not signed a waiver, it is assumed that this letter is submitted with the recommender's understanding that the applicant, once registered at Washington University, may request to see the letter. The alternative selected will not affect consideration of the application for admission.

If you wish to waive your right to examine this letter of recommendation, please sign here:

SIGNATURE OF APPLICANT DATE

To be completed by the recommender:

Please complete this personal reference form and return it to the address indicated at the top of this page. If you prefer you may attach a separate letter to this form and complete only the signature section at the bottom of page two. (If you do not know the student well enough to give him or her a recommendation, check here)

1. *Summary Evaluation:* Overall scholarly ability. In comparison with students in the same field who have had approximately the same amount of experience and education, how do you rate the applicant in SCHOLARLY ABILITY:
- Truly Exceptional (Best student in many years, highest 1%)
 - Outstanding (Comparable to the best student in current class, highest 5%)
 - Very Good (Next highest 15%)
 - Good (Ability easily identifiable, in upper 30%)
 - Average (Upper 50%)
 - Below Average

2. If this student applied to do graduate work with you, would you accept for Ph.D. () ; accept for Ph.D. with some reservation () ; accept for M.A. () ; or not accept()?

3. Some gifted individuals compile mediocre scholastic records. In your opinion, is the applicant's scholastic record, as you know it, an accurate index of his or her scholastic ability? Yes ____ ; No ____ ; Don't know ____ . If your answer is "No" please explain briefly.

4. What is your estimate of the applicant's promise as a graduate student? (Give views on such matters as previous scholarly accomplishments, intellectual independence, capacity for analytical thinking, ability to work with others, ability to organize and express ideas clearly, drive and motivation.)

Signature _____ Date _____

Name printed or typed _____ Title _____

Institution _____

Telephone Number _____