

RECOMMENDATION
IN SUPPORT OF AN
APPLICATION TO THE GRADUATE SCHOOL

To the recommender: Because of federal legislation giving students access to educational Records, the Graduate School cannot guarantee the confidentiality of your statement unless the Applicant has signed the waiver printed below.

Applicant's waiver of right of access to the confidential statement: I hereby freely and Voluntarily waive my right of access to any information contained on this recommendation form And agree that the statement shall remain confidential.

Signature of applicant

Date

When completed please mail this form directly to the head of the department or program to which the applicant is applying.

Name of applicant _____
Typed or printed name of applicant

Department or Program to which applying _____
Typed or printed name of major departmental program

Concentration/study area in Department or Program _____
Typed or printed name of concentration

We will appreciate a recommendation from you concerning the person named above who is an applicant to the Graduate School at the University of Wyoming. Information is particularly desired concerning: 1) the candidate's proficiency and promise as a scholar, 2) his or her ability to work with others and gain from experience, and 3) the candidate's rating, compared with other potential graduate students you have known, as indicated in the table below.

Please put an "X" in the appropriate space

	In the best 5%	In the upper 20% but not the best 5%	Above average but not in the best 20%	Average or below	No basis for judging (N/A)
Originality					
Knowledge of field					
Intellectual ability					
Communication skills (written)					
Communication skills (oral)					
Social skills					
Perseverance					

Include written comments on the reverse ***Name and signature of recommender requested on reverse

Name of applicant _____
Please print

To the recommender: Additional comments are solicited for the applicant. You may write or type them in the space provided below or you may attach a personal letter.

Signature of recommender _____
Please sign in black or dark ink

Name of recommender _____
Type or print full name

Position and title _____

Address _____

City/State/Zip _____

Thank you for the time you have spent for this applicant. Please mail the form directly to the department or program to which the student is applying: Department of
University of Wyoming
Laramie, WY 82071