

Return to: Graduate Admissions Office
 530 Goodell Building
 University of Massachusetts
 140 Hicks Way
 Amherst, MA 01003-9333

RECOMMENDATION FORM

Applicant: Fill in the top of this form, then give to referee. Your name should be listed here as it appears on your application form. If your referee chooses to use another type of recommendation form, attach this page as a cover page.

Date _____

Name of Applicant _____ Degree sought _____
Last First Middle

Proposed Graduate Program _____ Sub-field _____

Deadline for completion of application _____ Social Security Number _____ - _____ - _____

Under the provisions of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this letter of recommendation; the University of Massachusetts may, therefore, consider it confidential.

 Signature of Applicant (Optional)

Please comment on the applicant's ability to carry on advanced graduate study and research, his/her general character, stability, and preparation for a successful career in the chosen field. Compare applicant to others you have known in this field. Your prompt reply (see date above) will be sincerely appreciated.

I would rank this student in the top _____ % of approximately _____ students I have taught in _____ years.

	Upper 1 or 2%	Upper 10% but not upper 1 or 2%	Upper 25% but not upper 10%	Upper half but not upper 25%	Lower half	No Basis for Judgement
Breadth of General Knowledge						
Ability in Oral Expression						
Ability in Written Expression						
Perseverance						
Emotional Maturity						
Imagination and Probable Creativity						
Potential as a Teacher						

Signature _____

Name (print) _____ Date _____

Institution _____ Position _____

Address _____ Zip _____