

The Graduate School



Letter of Recommendation

Return to applicant by (month/day/year): _____

To the applicant: Indicate, above, the date that will allow you to submit your application by the necessary deadline. Complete the top portion of this form, and then forward it to your recommender.

Applicant Name (last, first) _____ B#: _____

Proposed program of study and degree _____

Name of recommender _____

The Family Educational Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are permitted to waive their right of access to recommendations. The following statement indicates the wish of the applicant regarding this recommendation. (If left blank, applicant waives right.)

waive **do not waive my right to inspect the contents of this recommendation.**

Applicant's signature _____

To the recommender: We would appreciate your opinion of this applicant's potential for success in graduate study. How long and in what capacity have you known the applicant? Please comment on the applicant's academic ability and aptitude for advanced study in the field. Please also rate the applicant, on the chart overleaf. If you prefer to write a personal letter rather than use this form, please do so and attach this form to your letter. We pay careful attention to your appraisal, and we are grateful for your assistance.

Please compare the applicant on the scale below with others you have known during your professional career. Indicate the reference group you have in mind:

undergraduates graduates employees colleagues other _____

	Exceptional	Outstanding	Good	Average	Poor	Unable to Assess
Intellectual ability						
Breadth of general knowledge						
Ability in writing						
Ability in oral expression						
Perseverance						
Imagination and creativity						
Potential as a teacher						
Integrity						
Motivation						
Academic Ability						
Aptitude for advanced study in field						
Communication Skills						
Collaborative Skills						

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Important: This form continues on the next page.

Please make any additional comments you feel may be helpful in assessing the candidacy of the applicant.

Recommender Signature _____ Date _____

Position _____ Institution _____

Address _____

E-mail _____ Fax _____

Please seal your recommendation in an envelope, sign across the seal and mail to the applicant. We appreciate your prompt reply.

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