

UNIVERSITY OF WYOMING

RECOMMENDATION IN SUPPORT OF AN APPLICATION TO GRADUATE SCHOOL

MAIL DIRECTLY TO APPLICANT'S DEPARTMENT OF INTEREST.

To the recommender: Because federal legislation requires student access to educational records, the Graduate School cannot guarantee the confidentiality of your statement even if the applicant has signed the waiver printed below.

Applicant's waiver of right 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.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

When completed please mail this form directly to the head of the department or program to which the applicant is applying. The applicant should complete the name, department and concentration.

Name of Applicant: \_\_\_\_\_  
 Department or program to which applying: \_\_\_\_\_  
 Concentration/study area in department or program: \_\_\_\_\_

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 below.

	In best 5%	In upper 20% but not best 5%	Above average but not in 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					

GS-ADM04

Name of Applicant \_\_\_\_\_

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

\_\_\_\_\_  
Name of Recommender

\_\_\_\_\_  
Signature of Recommender

\_\_\_\_\_  
Date

\_\_\_\_\_  
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.**