



**RECOMMENDATION FORM**

Applicant will complete the top section of this form. Give all copies to referee. This form becomes the property of the University of Massachusetts Lowell

Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Proposed Graduate Program \_\_\_\_\_ Degree Sought \_\_\_\_\_

Under the provisions of the *Family Educational Rights & Privacy Act* of 1974, I waive my right of access to this letter of recommendation. The University of Massachusetts Lowell may consider it confidential.

\_\_\_\_\_  
 Signature of Applicant (optional)

If student has signed **above** waiver, **we** assure the referee that this form **will be held** in **strictest** confidence. Please comment on the applicant's character and ability to carry on advanced graduate study and research. Compare the applicant to others you have known in this field. You may write a separate letter (attach it to this form).

**Please insert the completed form into an envelope seal it, sign it and return directly to the applicant or forward to the above address.**

I WOULD  WOULD NOT  RECOMMEND THE CANDIDATE WITH  WITHOUT  RESERVATION.

CHARACTERISTIC	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
Oral Expression						
Emotional Maturity						
Scholastic Ability						
Imagination & Probable Creativity						
Potential for Professional Growth						
Perseverance						
Ability to work with professional colleagues						
Potential for success in master's program (if applicable)						
Potential for success in doctoral program (if applicable)						

Name \_\_\_\_\_ Signature \_\_\_\_\_  
Please Print or Type Please Sign Here

Institution \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_