



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 _____