

Request for Recommendation

Most programs require four letters of recommendation. Check with your program to confirm the required number of recommendations. You must make additional copies of this form yourself.

Last (Family) Name	First Name	Middle	Maiden Name (optional)	is applying fo
,			ence on his or her application for grad	luate work in the
	Department or School (to be filled in by applic	cant)		Birth Date
	o ,		d who matriculate into the program to ey have waived their right of review.	which they apply are
You have the option of	f (1) signing the following waiver o	r (2) declining to do so.		
1. I expressly waive	e any rights I might have to access th	nis letter of recommendation under	the Family Educational Rights and Priv	acy Act of 1974.
				-
Signature				Date
🗌 2. I do not agree to	o the waiver above.			
Signature				Date
Applicant: Insert the r department and addre		the department to which you are	applying for graduate work and retu	rn this form to the
	Departm			
		Admissions		
	Universit	ty of Colorado at Boulder UCB (campus box number)		
	Boulder,	CO 80309		
fo the recommender:	This form is intended solely for yo	ur convenience; its use is optiona	I. Before you agree to submit a recom	mendation, whether c

II. To the recommender: This form is intended solely for your convenience; its use is optional. Before you agree to submit a recommendation, whether on this form or on your own stationery, please review the reference to the federal law entitled the Family Educational Rights and Privacy Act of 1974 as presented above in our instructions "To the applicant."

We solicit your candid evaluation of the applicant's preparation for graduate study, range of abilities and accomplishments, and creative and intellectual promise. On the back of this form, or on your own stationery, please summarize your opinion of (a) the quality of the applicant's academic or creative achievements, including material not apparent on the official transcripts; (b) the applicant's scholarly or creative potential and promise for advanced and original work; (c) those aspects of the applicant's personality and character significant to graduate study; and (d) the applicant's special skills and experience where demonstrated in an art, vocation, or profession. We would appreciate knowing the extent of your contact with the applicant and any special opportunities you may have had to observe him or her.

III. Summary Evaluation

Compare the applicant with other individuals of similar training and experience with whom you have been associated. Use the following numerical scores. Mark every line; insert "X" if insufficient knowledge to rate and "NA" if not applicable.

1 = Outstanding—Comparable to the best individual in	n a current class or research laboratory—upper 5%
2 = Excellent—upper 6–10%	4 = Good (Average)—middle 31–50%

3 = Very Good (Above Average)—upper 11–30%	5 = Fair (Below Average)—lower 50%		
Intellectual ability	Quality of previous work		
Imagination and creativity	Research aptitude		
Ability in oral expression	Promise as a professional in the field		
Writing ability			

Name Printed or Typed

Recommender's Signature