



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 top two copies of this completed form into the envelope provided, seal it, sign it and return directly to the applicant**

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						
Potential for success in Ph.D. program (if applicable)						

Name _____ Signature _____
Please Print or Type Please Sign Here

Institution _____ Position _____ Phone _____

Street _____ City _____ State _____ Zip _____