



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 Undergraduate Major _____

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 the 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 undergraduate study. Compare the applicant to other students you have known. You may write a separate letter (attach it to this form).

I WOULD WOULD NOT RECOMMEND THE CANDIDATE WITH WITHOUT RESERVATION

Characteristic	Top 1 or 2 %	Upper 10 % but not top 1 or 2 %	Upper 25% but not upper 10%	Upper half, but not upper 25%	Lower half	No basis for judgment
Oral Expression						
Emotional Maturity						
Scholastic Ability						
Imagination & Probable Creativity						
Perseverance						
Potential for success in baccalaureate program						

Name _____ Signature _____

Institution _____ Position _____

Phone _____

Email address _____ Web Site (if any) _____

Street _____

City State Zip _____