

**RECOMMENDATION FORM FOR GRADUATE ADMISSION
UNIVERSITY OF MIAMI**

This form is to be completed and returned directly to the Graduate Department to which the applicant is applying. If the applicant is applying for assistantships and fellowships, this form must be received by **January 15th**.

Name of Candidate: _____
Last Name
First Name
Middle Name

U.S. Social Security Number (if available): _____ Undergraduate Major: _____

University Attended: _____ Desired Graduate Major: _____

I hereby waive my right of access, under the Family Educational Rights and Privacy Act of 1974 to this letter of evaluation respecting my application for graduate admission to the University of Miami.

Signature
Date

Note that the signing of this statement is optional. Under law, refusal to sign the statement cannot be used negatively in the admission process.

THE CANDIDATE MUST FILL OUT THE BLANKS ABOVE.

1. Applicant's promise for graduate study and research:

 (excellent, good, fair, poor)

2. The applicant ranks in the _____ quarter of the graduating class of _____ students.
(highest, 2nd, 3rd, lowest)
(number)

3. I have known the applicant for _____ years as _____
 I have known the applicant: well
 slightly

4. Do the applicant's grades indicate probable success in the graduate program selected? _____

If not, please explain: _____

5. Please give as extensive an evaluation of the candidate as possible by attaching your narrative recommendation (preferably on letterhead) to this form. We are interested in character, industry, ability, originality, and other personal qualities.

6. Summary evaluation of overall academic ability: Comparing the applicant with a representative group of students in the same field who have had approximately the same amount of experience and training. How do you rate the applicant in GENERAL ACADEMIC ABILITY AND APTITUDE FOR RESEARCH?

BELOW AVERAGE	AVERAGE	SOME WHAT ABOVE AVERAGE	GOOD	UNUSUAL	OUT-STANDING	TRULY	INADEQUATE OPPORTUNITY
Lowest 40%	Middle 20%	Next 15%	Next Highest 15%	Highest 10%			

NAME (PRINT)
POSITION

DATE
SIGNATURE
INSTITUTION