

# Recommendation Form

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**NOTE:** Many graduate programs at USC require a personalized letter instead of, or in addition to, this standard form. Please confirm program-specific requirements with the applicant.

## APPLICANT INFORMATION:

First Name	Last Name	USC ID
Term	Program	AY Applicant ID#

## RECOMMENDER INFORMATION:

First Name	Last Name	Title or Position
Telephone	Fax	E-mail Address
Organization/Company	Mailing Address	
City	U.S. State/ Territory	Postal Code
Country		

## ANALYTICAL INFORMATION:

Recommendation Type:  Academic  Professional  Both Academic & Professional

	Top 10%	Top 20%	Top 30%	Top 50%	Below 50%	Unable to Judge
Analytical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for Success in Chosen Field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Against which group are you comparing the applicant? *Examples: All students I know who have entered graduate school, all students I have taught or known, etc.*

In what capacity have you known the applicant?

How long have you known the applicant?

What do you consider the applicant's most outstanding talents or characteristics?

What are the applicant's chief weaknesses, or areas for growth?

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## **SIGNATURE:**

Please sign your name below, certifying that your responses and assessments are accurate and fair to the best of your knowledge.

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Recommender's Signature

Date of Signature