

Letter of Recommendation Form for Graduate School Admission

University Graduate School
Florida International University

INSTRUCTIONS for Applicant

Since not all programs require letters of recommendation, please refer to the instructions sheet accompanying the application to see if the program has this requirement first. If required, please complete this section of the form, and forward to the recommender for completion, allowing time for the recommender to return it to the University Graduate School by four weeks prior to the application deadline date. For the convenience of the recommender, you should include a stamped envelope.

RECOMMENDATION ON BEHALF OF

Applicant Name: _____
Last
First
MI
Email: _____

Applicant's Intended Program: _____

APPLICANT'S WAIVER OF RIGHT OF ACCESS TO CONFIDENTIAL STATEMENT

Under the Family Educational Rights and Privacy Act of 1974, a student enrolled at Florida International University has access to his or her educational records. We comply with this law, while still allowing the student the option of waiving the right of access. If you wish to waive the right to examine this recommendation, please sign. If left unsigned, you will have access to this document upon enrollment at Florida International University. The alternative you choose in no way affects our consideration of your application.

I WAIVE my right to inspect the contents of the following recommendation

I DO NOT WAIVE my right to inspect the contents of the following recommendation

(Signature of applicant)

(Date)

TO THE RECOMMENDER

Because of federal legislation giving students access to educational records, the University Graduate School of Florida International University cannot guarantee the confidentiality of your statement unless the applicant has waived her/his right to view this recommendation. (See above statement)

1. Knowledge of the Applicant

Approximately how long have you known the applicant? ____ Years

How well do you feel you know the applicant? Casually Well Very Well

What was the nature of your contacts with the applicant? Teacher in One Class Teacher in More Than One Class
 Employer Research Advisor Major Advisor Other (specify)

2. Relative Rating of the Applicant. Please rate the applicant in the areas indicated below by comparing him or her to the reference group you specify (college seniors, graduate students in past 10 years, employees, etc.).

	Top 1-2%	Top 5%	Top 10%	Top 25%	2nd 25%	3rd 25%	Last 25%	Unable To Rate
Knowledge in subject of proposed study								
Ability to grasp new concepts								
Originality, intellectual creativity								
Mathematical and logical thought								
Written expression								
Oral expression								
Laboratory skills (if applicable)								
Perseverance toward goals								
Potential as a teacher (if applicable)								
Potential in research (if applicable)								
Ability to get along with others								
Ability to analyze problems and formulate solutions								

3. Some gifted individuals demonstrate comparatively low achievement in scholastic records. In your opinion, is the applicant's scholastic record, as you know it, an accurate index of his or her scholastic ability? Yes No Don't Know If your answer is "No", please explain briefly.

4. Do you have any information related to character and temperament or to any impairment that should be considered by an admissions committee or should be taken into account in planning the student's graduate work?

5. Please express your views on any of the items 1-4 and on any other relevant abilities about which you have knowledge (e.g., ability to organize and express ideas clearly, orally and in writing; accomplishments in thesis or published works). If you wish to submit a letter of recommendation on your own letterhead, please attach to this form.

6. Recommender Summary

- Recommend enthusiastically
- Recommend with confidence
- Recommend
- Recommend with reservation
- Not recommended

Signature: _____

Name: _____

Title: _____

Department: _____

Organization: _____

Email: _____

City and State: _____

Zip Code: _____

Country: _____

Date: _____

To Recommender:

Please return this recommendation form in a sealed envelope to
FIU Graduate Admissions, P.O. Box 659004, Miami, FL 33265-9004.

This form is not required if you have completed the online version.