

## Recommendation for Graduate Study

College of Graduate Studies 2801 W. Bancroft St., MS 933 Toledo, OH 43606-3390

Phone: (419) 530-4723 FAX: (419) 530-4724 grdsch@utnet.utoledo.edu www.utoledo.edu/graduate

**Applicant completes this section**: This form should be given to persons who are able to comment on your qualifications for graduate study. For the convenience of the person completing the form, you should complete the top half giving personal information.

Under the Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. However, those writing recommendations and those assessing recommendations may attach more significance to them if they know that the recommendations will remain confidential. It is your option to waive your right to review these recommendations or to decline to do so. Please indicate your choice of waiver options.

**Note:** If you intend to print and submit a paper copy of this form, please sign below and deliver it to the person(s) completing the recommendation with a stamped envelop addressed to the College of Graduate Studies. If you are forwarding this form electronically to your references, please simply indicate your choice of waiver, click the "submit" by e-mail button at the top of the form and enter the appropriate e-mail address(es).

11.0	ssion to a: ☐ Master's degree, ☐ Educatoral degree in:			Allied
Applicant's Signature _		Date of Birth		
Name (print)				
	Last (Family Name)	First	Middle	
Present Address	Street Number and Name City	State/Country	Zip Code	
	orint)			
which addresses the app Please note if you choo	this section: This form is intended as a golicant's strengths and weaknesses and case to complete this form and require more a known the applicant and in what capacit	pability for pursuing gradu e space, an additional page	ate level work may be su	bstituted.
which addresses the applease note if you chood.  1. How long have you  2. If applicable, was to	olicant's strengths and weaknesses and case to complete this form and require more	pability for pursuing gradue space, an additional page ty?  es and if so, what were the	ate level work may be su is available at the end o	bstituted. f this form.

How would you de	scribe the applicant's potent	ial for teaching	and resea	rch? 				
Please rate the apple ne amount of experie	licant on each characteristic i	in comparison	with other	students yo	ou have kno	own with a	pproximately	
	ence and training.							
CH	ARACTERISTIC	LOWER	UPPER	UPPER	UPPER	UPPER	NO BASIS FO	
Oral English Expres	ssion Skills	50%	50%	25%	10%	5%	JUDGMENT	
Written English Exp								
Maturity								
Desire to Achieve/A	mbition							
Ability to Work wit								
Potential for Succes	s in Discipline							
Attention to Detail								
Responsibility								
Initiative								
Enthusiasm								
Intellectual Capacity	y							
in the applicant's tr	other information concerning ranscripts and/or test scores. uately reflected in the acade poraries?	Does the appli	icant have	skills (labo	ratory, lan	guages, coi	mputer, etc.)	
	strength of your overall endo nt's graduate work to be (che		our expecta	ations of pe	rformance	by the appl	licant.	
Outstanding	Above Average	ge Satisfac		ctory Marginal		Ţ	Unsatisfactory	
Signature			Title					
Address				Inst	titution or A	Affiliation		

Please return this completed form either electronically by clicking on the "Submit by e-mail" button located at the top of the form or by regular mail to the address at the top of the form.

Additional Information:								