



COLLEGE of GRADUATE STUDIES
THE UNIVERSITY of TOLEDO

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).

I waive do not waive my right to review this recommendation.

I am applying for admission to a: Master's degree, Educational Specialist degree (College of Education and Allied Professions), or Doctoral degree in: _____

Applicant's Signature _____ Date of Birth _____

Name (print) _____
Last (Family Name) First Middle

Present Address _____
Street Number and Name City State/Country Zip Code

Respondent's Name (print) _____

Respondent completes this section: This form is intended as a guide only. If you prefer, a standard letter of recommendation which addresses the applicant's strengths and weaknesses and capability for pursuing graduate level work may be substituted. Please note if you choose to complete this form and require more space, an additional page is available at the end of this form.

1. How long have you known the applicant and in what capacity?

2. If applicable, was the applicant enrolled in any of your classes and if so, what were they?

3. Is the applicant's potential for success in graduate study greater or less than indicated by his/her grades? Place an "X" or check the appropriate box below. (If grades do not reflect the applicant's true potential, please explain briefly in item 6.)

much greater somewhat greater equal somewhat less much less no basis for judgment

4. How would you describe the applicant's potential for teaching and research?

5. Please rate the applicant on each characteristic in comparison with other students you have known with approximately the same amount of experience and training.

CHARACTERISTIC	LOWER 50%	UPPER 50%	UPPER 25%	UPPER 10%	UPPER 5%	NO BASIS FOR JUDGMENT
Oral English Expression Skills						
Written English Expression Skills						
Maturity						
Desire to Achieve/Ambition						
Ability to Work with Others						
Potential for Success in Discipline						
Attention to Detail						
Responsibility						
Initiative						
Enthusiasm						
Intellectual Capacity						

6. Please provide any other information concerning the applicant's potential as a graduate student that may not be reflected in the applicant's transcripts and/or test scores. Does the applicant have skills (laboratory, languages, computer, etc.) which are not adequately reflected in the academic record? If so, please elaborate. How does the applicant compare with promising contemporaries?

7. Please indicate the strength of your overall endorsement and your expectations of performance by the applicant.
I expect the applicant's graduate work to be (check one)

- Outstanding
- Above Average
- Satisfactory
- Marginal
- Unsatisfactory

Signature

Title

Address

Institution or Affiliation

