



School of Graduate Studies

Recommendation

This section to be completed by applicant

Statement concerning _____
(Please Print) *First Name of Applicant* *Middle Name* *Last or Family Name*

who is applying for admission to the graduate program in _____
Department

at the Master's level Doctoral level.

The Family Educational Rights and Privacy Act of 1974 and its amendments provides students with the right to request in writing the opportunity to inspect and review their educational records. Students may, however, waive their right of access to recommendations. The choice of the applicant regarding this recommendation is to be indicated below. Failure to sign will constitute acceptance of limited access.

I do waive I do not waive my right to inspect the contents of the following recommendation.

Applicant's Signature

Date

This section to be completed by reference respondent: (Note: Confidentiality of letters of recommendation cannot be guaranteed unless the applicant waives right of access.)

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

Please indicate (✓) the applicant's ability and professional competence in comparison with other individuals whom you have known at similar stages in their careers.

	Exceptional Top 1%	Out- standing Upper 10%	Very Good Upper 15%	Above Average Upper 25%	Average Upper 50%	Below Average Lower 50%	Inadequate Opportunity to Observe
General Knowledge							
Knowledge in chosen field							
Originality							
Emotional stability and maturity							
Motivation and seriousness of purpose							
Ability to work with others							
Analytical skills							
Communication skills—written							
Communication skills—oral							

If English is a second language for this applicant, please comment on the applicant's ability to express himself/herself in written and spoken English. _____

Please indicate your overall endorsement of the applicant:

Recommend highly Recommend Recommend with reservation

In addition to the answers provided above, the Dean of Graduate Studies would appreciate a statement from you on the reverse side appraising the applicant's promise of success as a graduate student. If you wish, a separate letter may be used.

Name of Respondent: _____ Position/Title _____
(Please Print)

Address _____
(Department) *(Institution)*

Date _____ Signature _____

Please enclose this form and any accompanying letter in the envelope addressed to the applicant. Seal the envelope and write your signature across the envelope flap. Please notify the applicant if you choose to send your evaluation directly to the applicant's department, Case Western Reserve University, Cleveland, Ohio 44106.



CASE

CASE WESTERN RESERVE UNIVERSITY

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