

UNIVERSITY OF WISCONSIN-LA CROSSE • RECOMMENDATION FOR GRADUATE STUDY

TO THE APPLICANT

Complete the section below and ask your recommender to return the form to you in a signed, sealed envelope. Forward to the UW-La Crosse Office of Admissions along with your graduate application.

first name
middle initial
last or family name
social security number

degree and program for which you are applying

Under the Family Education Rights and Privacy Act of 1974, you have the right to review official university student records. You may waive that right. If you wish to do so in the case of this recommendation, please sign below. Your waiver will in no way affect the decision on your application.

signature of applicant
date

TO THE RECOMMENDER

Assess the applicant's potential as a graduate student. You should consider previous accomplishments, intellectual independence, capacity for analytical thinking, ability to work with others, ability to organize and express ideas clearly, and drive and motivation. The student has been given the option to waive access to this recommendation (see above.)

This form should be returned to the applicant in a sealed envelope. The applicant will return the sealed recommendation with the completed *Application for Graduate Admission* to the Office of Admissions.

1. How long have you known the applicant? _____
2. In what capacity? _____
3. Rate the applicant relative to other individuals you have known in the same field in recent years:

	Outstanding	Very Good	Good	Fair	Poor	Unable to Judge
Overall potential for graduate study						
Motivation for proposed program study						
Intellectual capacity (including reasoning and analytical ability, imagination, learning potential)						
Writing ability						
Oral communication skills						

4. Recommendation for graduate study:

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

PLEASE COMPLETE OTHER SIDE

Use this space for your assessment of the applicant's potential for success in the intended program of study
(attach other sheets if necessary.)

signature of recommender

date

name of recommender printed or typed

title

institution

address

city

state

zip

work phone

home phone

e-mail address