Letter of Recommendation

Return to applicant by (month/day/year):_________________________________________

To the applicant: Indicate, above, the date that will allow you to submit your application by the necessary
deadline. Complete the top portion of this form, and then forward it to your recommender.

Applicant Name (last, first) ______________________________ B#: __________________

Proposed program of study and degree__________________________________________________________

Name of recommender_______________________________________________________________________

The Family Educational Privacy Act of 1974 and its amendments guarantee students access to educational
records concerning them. Students are permitted to waive their right of access to recommendations. The
following statement indicates the wish of the applicant regarding this recommendation. (If left blank, applicant
waives right.)

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

Applicant’s signature_________________________________________________________________________

To the recommender: We would appreciate your opinion of this applicant’s potential for success in graduate
study. How long and in what capacity have you known the applicant? Please comment on the applicant’s
academic ability and aptitude for advanced study in the field. Please also rate the applicant, on the chart
overleaf. If you prefer to write a personal letter rather than use this form, please do so and attach this form to
your letter. We pay careful attention to your appraisal, and we are grateful for your assistance.

Please compare the applicant on the scale below with others you have known during your professional career.
Indicate the reference group you have in mind:

- undergraduates
- graduates
- employees
- colleagues
- other___________________________________

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<tr>
<th>Intellectual ability</th>
<th>Exceptional</th>
<th>Outstanding</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Unable to Assess</th>
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<td>Breadth of general knowledge</td>
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<td>Ability in writing</td>
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<td>Ability in oral expression</td>
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<td>Perseverance</td>
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<td>Imagination and creativity</td>
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<td>Potential as a teacher</td>
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<td>Integrity</td>
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<td>Motivation</td>
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<td>Academic Ability</td>
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<td>Aptitude for advanced study in field</td>
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<td>Communication Skills</td>
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<td>Collaborative Skills</td>
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How long have you known the applicant? ___________

In what capacity have you known the applicant? _________________________________

Important: This form continues on the next page.
Please make any additional comments you feel may be helpful in assessing the candidacy of the applicant.

Recommender Signature__________________________________________________Date_______________
Position_________________________________________Institution__________________________________
Address___________________________________________________________________________________
_________________________________________________________________________________________
E-mail___________________________________________Fax______________________________________
Please seal your recommendation in an envelope, sign across the seal and mail to the applicant. We appreciate your prompt reply.

The Graduate School, Binghamton University, PO Box 6000, Binghamton, NY 13902 – 6000 Phone: (607) 777-2151 Fax: (607) 777-2501 Email: gradsch@binghamton.edu