



LETTER OF RECOMMENDATION

APPLICANT INFORMATION

Name: _____ Date of Birth: _____
Last First Middle (INITIAL) MM/DD/YYYY

Address: _____
Street City State (Country) Zip Code

REFERENCE

Appropriate References may be from any of the following:

- A professor who can assess your professional and academic achievement
- A former colleague, employer or supervisor.
- A professional person (not a relative) who is well acquainted with your professional background and academic achievement.

Name: _____ Phone: _____
Last First Middle (INITIAL)

Occupation & Job Title: _____ Organization: _____

Address: _____
Street City State (Country) Zip Code

Relationship to the applicant: _____ How long have you known the applicant? _____

Personal and professional appraisal: (please check the appropriate box for each category).

Qualities	N/A	Below	Average	Strong	Very Strong
Intellectual Capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work well with people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative/Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note any strengths and/or weaknesses as well as academic and/or professional achievements of the applicant and his/her potential for succeeding in a rigorous academic environment. (use additional sheets if needed)

Signature of Reference

Date