
LETTER OF RECOMMENDATION

THE UNIVERSITY OF NEW MEXICO

Name of Applicant _____
Last First Middle SS#

Applying to Department of _____
[If College of Education, specify program] Term and year of admission

Applicant: Before you give this form to an instructor or other persons acquainted with your qualifications for graduate work, please check and sign, in accordance with the Family Educational Rights and Privacy Act of 1974.

- hereby waive
I _____ my right of access to this letter of recommendation.
 do not waive

Applicant Signature

Date

To Writers of Letters of Recommendation:

We are particularly interested in the applicant's ability to carry on advanced study and research, and his or her potential for pursuing a successful career in the chosen field.

- I. Please rate the applicant on each of the following items, using a five-point scale:
1-truly outstanding; 2-superior; 3-above average; 4-average; 5-below average; X-inadequate knowledge to rate.

- | | |
|--|---|
| <input type="checkbox"/> Academic performance | <input type="checkbox"/> Research skills |
| <input type="checkbox"/> Basic knowledge of the field | <input type="checkbox"/> Potential as teaching assistant |
| <input type="checkbox"/> Ability in written expression | <input type="checkbox"/> Emotional maturity and stability |
| <input type="checkbox"/> Ability in oral expression | <input type="checkbox"/> Self-reliance and independence |
| | <input type="checkbox"/> Motivation and drive |

- II. Please provide a narrative assessment of the applicant's qualifications and prospects for success in graduate study.
(Continue on the back if necessary, or feel free to attach a separate letter if you prefer.)

- III. How would you rate this student in comparison to other students of the same level at your own institution?
Circle the appropriate category:

In the bottom 50% In the top 50% In the top 40% In the top 30% In the top 20% In the top 10% In the top 1%

- IV. Briefly indicate the time period and nature of your contact with this student.

Type or print name _____ Date _____

Signature _____ Institution _____

Position _____ Address _____

Please return this form to the student in a sealed envelope, or mail directly to the department to which the student has applied.