

# Report on Graduate Applicant

**INSTRUCTIONS TO APPLICANT:** Please complete the information requested below and give this form to an appropriate person who is familiar with your educational background and abilities. *Please Type or Print.*

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
Last Name First Name Middle Name

Purpose of this Report (check one or both):  Admission  Graduate Teaching Fellowship

Department: \_\_\_\_\_ Degree Objective: \_\_\_\_\_

Department Mailing Address: \_\_\_\_\_ Department Phone Number: \_\_\_\_\_

Under the Federal Law entitled the *Family Educational Rights and Privacy Act of 1974* and the *University of Oregon Student Record Policy*, registered students are given the right to inspect their records, including letters of recommendation. Opinion is divided whether letters open to review are more helpful in assessing a student's potential than those which are not. Should you wish to waive your right to have access to this evaluation, you may do so by signing the waiver below. In any case, all evaluations will be carefully considered.

I expressly waive any rights I might have to have access to this recommendation under the *Family Educational Rights and Privacy Act of 1974* and the *University of Oregon Student Record Policy*, or any other law, regulation or policy. I understand that the University of Oregon does not require me to execute this waiver and is willing to review my application whether or not I Sign it.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

To the Person Making the Evaluation: As required by the *Family Educational Rights and Privacy Act of 1974* and the *University of Oregon Student Record Policy*, a student may either elect to waive or not to waive the privilege of viewing this recommendation form. If the student has not signed the above waiver, you should consider this form to be non-confidential.

We do request that you use the form on the next page for your recommendation and return it directly to the department named above. If you need room for additional comments, please feel free to attach an additional page.

**To the person furnishing this recommendation:** Please use this form for your recommendation and return it directly to the department named on the front of this form.

1. Please assess the candidate's qualifications and promise as a graduate student. Of particular interest are your estimates of the applicant's intellectual ability and originality of mind; motivation and capacity for independent study, creative research, and/or acquiring professional skill; promise for a career in productive scholarship and effective teaching; quality of any professional accomplishments to date; and your judgement of his/her character and personality.

(Continue on additional sheet if necessary)

2. Please rate the applicant on the qualities listed below by a check mark, and if you wish, add comments you think would be helpful. Use as your standard of comparison, other graduate students in this field at your institution.

	Upper 1-2%	Upper 5%	Upper 10%	Upper 25%	Upper 50%	Upper 75%	No Basis for Judgment
Intellectual ability							
Academic preparation							
Independence of thought							
Judgment and maturity							
Industry and motivation							
Effectiveness of oral communication							
Effectiveness of written communication							

3. Potential of the applicant as a graduate teaching or research fellow.

Exceptional     
  High     
  Adequate     
  Low     
  No basis for judgment

Concerning this applicant for:     
  Graduate Admission     
  A Graduate Teaching Fellowship

I make the following recommendation:

Strongly Recommend     
  Recommend     
  Recommend with Reservations     
  Do Not Recommend

Comments:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Institution: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_