GRADUATE SCHOOL RECOMMENDATION FORM

University of Maryland, Baltimore County

Submit 3 Recommendations. Please photocopy additional forms as needed.

Instructions to applicant: Please complete the information below and then give this form to the person who will offer a recommendation on your behalf. Also provide this person an envelope addressed to the **Graduate School. Please do not send this form to the program to which you are applying.**

Birthdate (MM/DD/YYYY)

Last Name/Surname   First Name   Middle Initial

Number and Street of Local/Current Mailing Address   Apt. #   City   State

ZIP Code   County (if in Maryland)   Country

Daytime Telephone Number   Evening Telephone Number   E-mail Address _____

Proposed program – enter 3 or 4 letter code from Graduate Program Chart   Track, if applicable

Semester and year in which you wish to enroll: ☒ Fall   ☒ Winter   ☒ Spring   ☒ Summer   20 _____

Degree objectives: ☒ Ph.D.   ☒ M.A.   ☒ M.S.   ☒ M.F.A.   ☒ M.P.P.   ☐ M.P.S

Intended Enrollment Status: ☒ Full-time   ☒ Part-time

Public Law 93-380, Educational Amendments Act of 1974, grants students the right to have access to letters of recommendation in their placement files. I wish to waive access to my letters.   ☒ Yes   ☒ No

Signature _____ Date _____

Instructions to recommender: Please write a short assessment of the applicant. We are particularly interested in the applicant's strengths, weaknesses and characteristics that would help the faculty review committee judge the applicant's ability to succeed in graduate school. Feel free to write comments on the back or use your own letterhead attached to this form. Also, please give your impression of the applicant in the chart below.

	Excellent	Above Average	Average	Below Average	Poor	Unable to Assess
Analytical ability						
Breadth of knowledge						
Verbal expression skills						
Written expression skills						
Perseverance						
Maturity						
Imagination and creativity						
Potential as a teacher/scholar/researcher						
Overall academic potential						

Print Name, Title _____

Institutional Affiliation _____

Address of Recommender _____

Date: _____ Telephone: _____ Fax: _____ E-mail:_____

Signature_____

EduCo