

Graduate School Recommendation

To be completed by the applicant:

Facsimile Recommendations
Are NOT ACCEPTED

Name: _____ SS#: _____
(Last/Family) (First/Given) (MI)

Proposed Major: _____ Graduate Degree Sought: _____
(Department/Program)

Important: You must select one:

I waive my right of access to this recommendation

I retain my right of access to this recommendation

Signature _____ Date _____

List the courses completed under the person giving this recommendation (if applicable):

Course Number	Course Title	When Taken	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

and / or list professional or personal contacts with the person giving this reference.

To be completed by the person giving this recommendation:

1. Summary Evaluation: Overall scholarly ability. In comparison with a representative group of students in the same field who have had approximately the same amount of experience and training, how do you rate the applicant in GENERAL SCHOLARLY ABILITY?

- Outstanding Highest 5%.
- Very Good Next highest 10%.
- Good Upper 25%.
- Average Upper 50%
- Below Average Lower 50%

Note: Please check the educational level with whom the applicant is compared in Item #1.

- Juniors Seniors First Year Graduate Students Advanced Graduate Students

You may write on this form or attach a separate letter.
You must complete section #6 on the back of this form.

This form continues on the back

2. **In your opinion**, is the applicant's scholastic record, as you know it, an accurate index of his/her scholastic ability? Yes No Don't know

If your answer is "No," please explain:

3. **Do you know of any matters pertaining to the applicant's** character, integrity, responsibility, or related considerations, which should be made known to our admissions committee and/or faculty?

4. **What is your assessment** of the applicant's future as a graduate student? (intellectual maturity, capacity for analytical thinking, ability to work with others, organize and express ideas clearly in writing and orally).

5. **Check all that are applicable:**

	Doctoral Program	Master's Program	Assistantship or Fellowship
<i>Recommendations for Admission</i>			
I would strongly recommend for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend with reservations for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would not recommend for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. **Check those positions** which you would be willing to have the applicant hold under your direction:

Research Assistant Teaching Assistant Employee

Signature: _____ Date: _____

Name: _____ Institution: _____
(Print or Type)

Title: _____

Address: _____

**When completed,
your reference should be
returned to the applicant
in a sealed envelope,
with your signature
across the seal.**

Applicants should submit their
reference letters with their application.

NOTE: This recommendation form will be used only in evaluating the applicant for admission into the Graduate School of Saint Louis University. If admission is granted and the applicant enrolls, this form will be destroyed at the end of the student's first semester.

Name of Applicant: _____