

# THE GRADUATE SCHOOL OF THE UNIVERSITY OF FLORIDA

## LETTER OF RECOMMENDATION

**To the Applicant:** This form should be given to a professor (or a supervisor) under whom you have studied (or taught or worked) who is able to comment on your qualifications for graduate study. Type or print the first four lines yourself.

Your Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Major Dept. \_\_\_\_\_  
LAST                      FIRST                      MIDDLE

Your Address \_\_\_\_\_

Name of Person who will complete this form \_\_\_\_\_

\_\_\_\_\_ TITLE

\_\_\_\_\_ INSTITUTION

Should you be admitted to the University of Florida, you would have the right as a student to review your permanent record, including this recommendation form, on file with the University. Some persons prefer not to complete recommendation forms unless they can be assured of the confidentiality of their comments. It is our opinion that comments provided on a confidential basis are likely to be of more help to us in judging important characteristics such as creativity, originality, independence and research capability. Therefore, the University of Florida is affording you the opportunity to waive your right of subsequent access to this reference statement. In any event, your application for admission and/or financial support will be given full consideration based on all the information accumulated in your application file, including this form, regardless of your decision on waiving your right of future review.

I do                       I do not                      waive my right of subsequent access to this recommendation form.

\_\_\_\_\_ SIGNATURE

\_\_\_\_\_ DATE

**PLEASE MAIL DIRECTLY TO THE APPLICANT'S MAJOR DEPARTMENT,  
UNIVERSITY OF FLORIDA, GAINESVILLE, FL 32611**

**To the Sponsor:** Please rate the applicant with others of the same age and academic level. It is important to the candidate that you give a percentage rating here as well as a verbal evaluation below.

	Lower Third	Middle Third	Upper Third	Upper 10%	Upper %	Not Able to Judge*
Competence in his/her chosen field						
Motivation plus Diligence						
Creativity or Research Potential						
Intellectual Ability / Critical Thinking						
Potential as Teacher						
Emotional Maturity						

Please use the rest of this form to evaluate the applicant's suitability as a graduate student. How long have you known the applicant? In what capacity? (If desired, attach a letter typed on letterhead.)

\* If not able to respond, please explain why.

\_\_\_\_\_ SIGNATURE OF RECOMMENDER

\_\_\_\_\_ DATE

The University of Florida does not discriminate on the basis of age, race, color, national or ethnic origin, religious preference, disability or sex in any aspects of its operations.