PURDUE UNIVERSITY™

Applicant Name _____
　　　　　　　　　　Last　　　　　　　　　　First　　　　　　　　　　Middle

Proposed Graduate Major_____

Enrollment Objecitve_____

_____
Recommender Name　　　　　　　　　　　　　　　　　　　　Title or Position

_____
Institution or Affiliation　　　　　　　　　　　　　　　　　　Email

_____
Address　　　　　　　　　　　　City　　　　　　　State　　　Zip　　　Country

Under the federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation.
This applicant ☐ waives ☐ does not waive the right to review this recommendation.

Evaluation of Applicant

How long have you known the applicant?_____

In what capacity? ☐ Instructor ☐ Teaching assistant ☐ Research advisor ☐ Advisee/mentor ☐ Extracurricular

☐ Professional Affiliation ☐ Other_____

Please select the comparison group for this applicant and complete the chart below to indicate his/her rankings:

Comparison Group: ☐ College seniors ☐ Graduate students ☐ Employees ☐ Other_____

	Exceptional (highest 1-2%)	Outstanding (highest 5%)	Very Good (highest 10%)	Good (upper 25%)	Average (upper 50%)	Below Average (lower 50%)	No Basis to Evaluate
Intellectual Independence							
Analytical Ability							
Quantitative Ability							
Research Ability							
Teaching Ability							
Academic Preparedness							
Written English							
Oral English							
Interpersonal Skills							
Maturity							
Motivation for Graduate Study							
Overall Evaluation							

Best student/employee ☐ this year ☐ in 5 years ☐ in __ years ☐ Not applicable

Indicate the strength of your overall endorsement for this applicant along the following scale:

☐ Highly recommend ☐ Recommend ☐ Recommend with some reservations ☐ Not recommended

Signature: _____ Date: _____

Applicant Name: _____
                         Last   First   Middle

Please include a statement about the applicant's strengths and weaknesses and potential for success in graduate school:

Any written statement provided will be printed on a 3rd page.