



PURDUE UNIVERSITY GRADUATE SCHOOL

Recommendation for Admission

TO THE APPLICANT: Please complete the top section of this form.

Full Legal Name _____
(Type or Print) Last First Middle E-mail Address

Present Address _____
Number and Street City State Zip Code Country

Applying for admission to Purdue University for study toward the following degree: Doctoral Masters

Under the federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. It is your option to waive your right to review these recommendations or to decline to do so. Please mark the appropriate box below and sign your name.

- I waive my right to review this recommendation.
- I do not waive my right to review this recommendation.

Applicant's Signature _____ Date _____

This recommendation should be sent to: Graduate Programs, Department of Mathematical Sciences, IUPUI, 402 North Blackford St., Room 270, Indianapolis, IN 46202-3216.

TO THE PERSON PROVIDING THE RECOMMENDATION: Please complete this section and mail the form to the address shown above.

I have known the applicant for _____ years in my capacity as _____

1. Please rate the applicant on each characteristic in comparison with other students at the same level by circling the appropriate number.

	No Basis for Judgment	Weak	Below Average	Average	Above Average	Exceptional
A. Motivation for Graduate Work	0	1 2	3 4	5 6	7 8	9 10
B. Intellectual Ability for Graduate Work	0	1 2	3 4	5 6	7 8	9 10
C. Breadth of General Knowledge	0	1 2	3 4	5 6	7 8	9 10
D. Understanding of Major Field	0	1 2	3 4	5 6	7 8	9 10
E. Ability to Analyze Ideas	0	1 2	3 4	5 6	7 8	9 10
F. Ethical Standards & Integrity	0	1 2	3 4	5 6	7 8	9 10
G. Oral English Expression Skills	0	1 2	3 4	5 6	7 8	9 10
H. Written English Expression Skills	0	1 2	3 4	5 6	7 8	9 10
I. Potential Success as a Teaching Assistant	0	1 2	3 4	5 6	7 8	9 10
J. Promise in Research/Scholarship/Creative Endeavor	0	1 2	3 4	5 6	7 8	9 10
K. Overall, I expect the applicant's graduate work to be:	0	1 2	3 4	5 6	7 8	9 10

2. On the back of this sheet, or on a separate page that you attach to this form, please provide your candid assessment of the applicant's strengths and weaknesses. In your opinion, does the applicant possess the intellectual and personal qualifications necessary for success in graduate work? If the applicant were to apply to your department, would you support admission?

Respondent's Signature Date Telephone Number E-mail Address

Type or Print Name Title or Position

Institution or Affiliation Address

Please send this completed form and additional information you wish to supply to the department listed above.

Narrative Evaluation: We appreciate the difficulty of evaluating a student only on the basis of rankings on a grid. Please use this space for narrative evaluation. We are especially interested in information which will help us to understand those intangible qualities which so often contribute to academic and professional excellence. If you prefer, feel free to attach a letter to this form.