

**DEPARTMENT OF PHYSICS
MICHIGAN TECHNOLOGICAL UNIVERSITY**

Applicant's Name _____
Last
First
Middle

Applicant: The Family Educational and Privacy Act of 1974 gives students the right to inspect letters of recommendation written in support of your application. The law also allows students to waive that right if they choose. If you wish to waive your right to examine this letter of recommendation, please sign the waiver below.

Signature of Applicant
Date

Respondent: Please complete the rating scale below. Please also use the *back of this form or a separate letter* to comment specifically about the student's strengths and weaknesses concerning suitability for graduate study and potential as a graduate teaching assistant, elaborating where appropriate on the ratings given below. Please also indicate your relationship to the applicant and how long you have known him/her.

Overall Recommendation:

- I recommend the applicant without reservation.
- I recommend the applicant with some reservation.
- I cannot recommend the applicant for graduate work at this time.

Please rate the applicant's academic abilities:

| | No Basis for Judgement | Below Average | Average | Good | Excellent Top 4-10% | Outstanding Top 1-3% |
|---|---------------------------|------------------|---------|------|------------------------|-------------------------|
| Degree of mastery of knowledge in applicant's general field | | | | | | |
| Knowledge of and ability to use basic laboratory techniques | | | | | | |
| Ability to express self in speech and in writing (English) | | | | | | |
| Self-reliance and independence | | | | | | |
| Motivation toward a successful productive career | | | | | | |
| Emotional stability and maturity | | | | | | |
| Possession of a fertile imagination and originality | | | | | | |
| Growth during the period you observed applicant | | | | | | |
| What is your assessment of the applicant's ability to do graduate work? | | | | | | |
| What is your assessment of the applicant's ability to be a graduate teaching assistant? | | | | | | |

Respondent's Name (please print): _____ fax number: _____

Position/Title _____ email _____

Institution or Organization: _____

Address: _____

Signature of respondent
Date