SOUTHERN METHODIST UNIVERSITY

DALLAS, TEXAS 75275

Recommendation Form

To the applicant:

Please print or type the name and address of your referee, and your name and address in the appropriate spaces below. Sign the form and send it to your reference, enclosing a stamped envelope addressed to the Office of Research and Graduate Studies, Southern Methodist University, PO Box 750240, Dallas, Texas 75275-0240.

Referee's name_____

Referee's address_____

Applicant's name in full_____

Applicant's present address_____

Applicant's Proposed Area of Study_____

Under Section 438 of the General Education Provisions Act (20 U.S.C. 1232g), if you are accepted and enrolled as a student at Southern Methodist University, you have the right to inspect your admission file. However, the Act provides that students may waive the right of access to confidential recommendations. If you wish to waive the right of access to the recommendation being submitted on this form, please sign your full name on the following line.

☐ I waive my right of access to this letter of recommendation.

☐ I do not waive my right of access to this letter of recommendation.

Applicant's signature_____

Date_____

To the referee: If you prefer to write a separate letter of reference, please address the questions below in your letter. Thank you.

1. How long and in what capacity have you known the applicant?

2. Please give your assessment of the applicant's academic preparation and of his/her industry, motivation, and capacity for demanding academic work,

3. Do you know anything that might detrimentally affect the applicant's academic or professional performance?

4. Please give any other information concerning the applicant that you think would be useful to the admitting department. (Use additional sheets if necessary.)

5. Using the chart below, please give us your appraisal of the applicant relative to others you have known in a similar capacity.

	Exceptional (Top 2%)	Outstanding (Top 5%)	Excellent (Top 15%)	Good (Top 1/3)	Average (Mid 1/3)	Below Average (Bottom 1/3)	Not Observed
Intellectual Ability							
Maturity							
Motivation							
Ability to work with others							
Creativity & imagination							
Self-confidence							
Leadership Potential							
Ability to analyze a problem & formu-late a solution							
Oral Communica-tions Skills							
Written Communi-cation Skills							

OVERALL RATING: _____strongly recommend _____recommend _____recommend with reservations

_____do not recommend

Signature_____Date_____

Name_____

(Please print or type)

Title_____Employer_____

Business Address_____

_____

Telephone (_____) E-mail_____