The Graduate Schools
University of Colorado

REQUEST FOR RECOMMENDATION

The applicant should complete the first, third, and last lines, and Section I. One form should be given to each recommender.

_____ is applying for
Last (Family) Name First Name Middle Maiden Name (optional)

admission to a Graduate School of the University of Colorado and has listed you as a reference on his or her application for graduate work in the

_____
(Department or School, to be filled in by applicant)

I. To the applicant: Under the Family Educational Rights and Privacy Act of 1974, students who are admitted and who matriculate into the program to which they apply are given the right to inspect their records, including their letters of recommendation, unless they have waived their right of review. You have the option of (1) signing the following waiver or (2) declining to do so.

I expressly waive any rights I might have to access to this letter of recommendation under the Family Educational Rights and Privacy Act of 1974.
Signature _____ Date _____

I do not agree to the waiver above.
Signature _____ Date _____

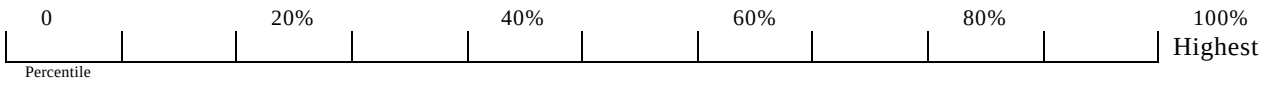
II. To the recommender: This form is intended solely for your convenience; its use is optional. Before you agree to submit a recommendation, whether on this form or on your own stationery, please review the reference to the federal law entitled the Family Educational Rights and Privacy Act of 1974 as presented above in our instructions "To the applicant."

We solicit your candid evaluation of the applicant's preparation for graduate study, range of abilities and accomplishments, and creative and intellectual promise. On the back of this form, or on your own stationery, please summarize your opinion of (a) the quality of the applicant's academic or creative achievements, including material not apparent on the official transcripts; (b) the applicant's scholarly or creative potential and promise for advanced and original work; (c) those aspects of the applicant's personality and character significant to graduate study; and (d) the applicant's special skills and experience where demonstrated in an art, vocation, or profession. We would appreciate knowing the extent of your contact with the applicant and any special opportunities you may have had to observe him or her.

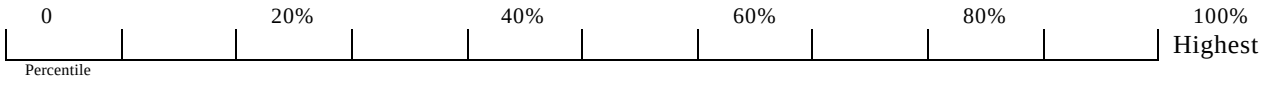
III. Summary Evaluation

Compared with the _____ (number) students you have know in the past _ years in his or her field at approximately the same level of training, this student would rank as indicated on the scales below, when evaluated for:

a. Scholarly or creative achievement



b. Promise or probability of success



Note: The educational level of the representative group with whom the applicant is compared is:

College Seniors
First-Year Graduate Students
Intermediate-Year Graduate Student
Terminal-Year Graduate Students
Other (specify) _____

Recommender's Signature _____ Date _____

Name Printed or Typed _____ Title _____

Address _____

Applicant: Insert the name and address below of the department to which you are applying for graduate work.

RECOMMENDER PLEASE RETURN THIS FORM TO _____

UNIVERSITY OF COLORADO at Boulder Campus, 80309
Colorado Springs Campus, 80933
Denver Campus, 80202
Health Sciences Center, Denver 80262