

THE DEPARTMENT OF ZOOLOGY

Miami University
Oxford, OH 45056

Recommendation for Admission to a Graduate Program

INSTRUCTIONS TO THE APPLICANT: Complete items 1-3. Sign item 4 if you agree to waive your right of access to this form.

1. Name of applicant: _____
(Last) (First) (Middle or Maiden)

2. Degree sought: _____Master's _____Doctorate

3. Recommendation submitted in support of (check all that apply):

_____Admission _____Graduate Assistantship

4. (Optional) I hereby waive my rights of access to this confidential recommendation as provided in the Educational Rights and Privacy Acts of 1974.

Signature _____ Date _____

INSTRUCTIONS TO THE EVALUATOR: The Department of Zoology seeks your judgement of the applicant's potential for success in advanced studies and research and for a professional career. We ask you to distinguish between demonstrated ability and promise of future accomplishment. Please rate the applicant on the specific items below, and then comment on these ratings on the reverse side or on a separate sheet of paper.

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

Please evaluate the applicant in the categories below in comparison to peers at a comparable level of educational and/or professional development.

	Highest 10%	Next 20%	Middle 40%	Next 20%	Lowest 10%	No Basis For Judgement
Knowledge of biology						
Intellectual ability						
Originality, creativity						
Analytical skills						
Skill in written communication						
Laboratory skill						
Professional accomplishments						
Potential as a teacher						
Potential as a researcher						
Potential as a leader						

Please use the space below for written comments. We consider this to be a very important part of the recommendation form. Attach additional sheets or substitute a separate letter as needed or desired.

Please check one of the following:

Recommend enthusiastically _____
Recommend with confidence _____
Recommend _____
Recommend with reservation _____
Do not recommend _____

Name _____ Signature _____

Position _____ Date _____

Address _____
