



Letter of Recommendation for the Doctorate Programs

Name: \_\_\_\_\_  
 Last First Middle

Address: \_\_\_\_\_  
 Number and Street

\_\_\_\_\_ City State/Country Zip Code

Under the Family Education and Privacy Act of 1974, you will have access to this letter of recommendation, if admitted and enrolled, unless you have waived such access. Please check one of the following statements and sign below:

\_\_\_\_\_ I hereby waive my right of access to this letter of recommendation. \_\_\_\_\_ I do not waive my right of access to this letter of recommendation.

\_\_\_\_\_  
 Signature of Applicant Date

\*\*\*\*\*

Recommender: The person named above is applying for admission to a graduate program at Capitol Technology University. We would appreciate your candid evaluation of this applicant's potential to undertake and complete the proposed program. On the back of this page, or on an attached page, please describe specific characteristics, skills, or experiences of this applicant that should be considered in reviewing this application to graduate school.

Recommendations are to be mailed to the applicant in sealed envelope signed across the flap, with the applicant's name and Capitol Technology University written thereon, for forwarding with the application and other supporting materials.

In what role has this applicant been associated with you? (Please check all that apply.)  
 \_\_\_\_\_ As an undergraduate student \_\_\_\_\_ As a graduate student \_\_\_\_\_ Other  
 \_\_\_\_\_ As an academic advisee \_\_\_\_\_ As an employee  
 How long have you known this applicant? \_\_\_\_\_

How would you rate this applicant's overall ability to successfully undertake the graduate program indicated above?  
 \_\_\_\_\_ Exceptional \_\_\_\_\_ Very Good \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Below Average

Please rate this applicant in the following areas relative to others you have been associated with in a similar role:

	Top 2%	Top 3-10%	Top 11-25%	Top 26-50%	Lower 50%	Unable to Judge
Ability in Oral Expression						
Ability in Written Expression						
Ability to Conduct Independent Research or Scholarship						
Intellectual Creativity						
Overall Academic Ability						
Academic Ability in Applicant's Major Field						

Additional Comments: Please print or type on a separate sheet.

Name of Recommender: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_