

PERSONAL RECOMMENDATION FORM

To the Applicant:

Please ask an associate, supervisor, former instructor, or advisor to complete this Personal Reference Form. This person should be able to evaluate your potential for graduate-level study and scholarly research. Print or type your name and the name of the person to whom you are submitting the Personal Reference Form.

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|---|-------|-------|-------|
| Applicant's Name (Your Name): _____ | | | |
| _____ | _____ | _____ | _____ |
| Last or Family Name First Name Middle/Maiden Name | | | |
| Applicant for Admission to: _____ | | | |
| Degree or Certificate Program | | | |
| Referrer's Name: _____ | | | |
| _____ | _____ | _____ | _____ |
| Last or Family Name First Name Middle/Maiden Name | | | |
| Relationship to Applicant: _____ | | | |

To the Referrer:

The above-named person is applying for admission to a University College graduate program at Washington University. Please complete the form on the reverse side. If you prefer, you may write a separate letter and attach it to this form and complete the signature section at the bottom of the next page. The information supplied in this form will be used only for the purpose of assessing the applicant's qualifications for admission.

Please return this personal recommendation form to:

University College, Graduate Admissions
Washington University in St. Louis, Campus Box 1085
One Brookings Drive - January Hall, Room 20
St. Louis, MO 63130-4899
ATTN: Pat Agnew

Important Information for the Applicant and the Referrer:

Under the Family Educational Rights and Privacy Act of 1974, students enrolled at Washington University have access to their admission records, including letters of recommendation. However, students may waive their right to see a letter of recommendation, whereupon such letters will be held in confidence. If the applicant has not signed a waiver, it is assumed that this letter is submitted with the recommender's understanding that the applicant, once registered at Washington University, may request to see the letter. The alternative selected will not affect consideration of the application for admission.

If you wish to waive your right to examine this letter of recommendation, please sign here:

Signature of Applicant: _____ Date: _____

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| <p>Recommendation for Admission by <u>Referrer</u></p> <p>Strongly Recommend <input type="checkbox"/></p> <p>Recommend <input type="checkbox"/></p> <p>Recommend with Reservations <input type="checkbox"/></p> <p>Do Not Recommend <input type="checkbox"/></p> <p>Notes: _____</p> <p>_____</p> <p>_____</p> | <p>Date: _____</p> <p>Signature: _____</p> <p>Name Printed or Typed: _____</p> <p>Title: _____</p> <p>Organization: _____</p> <p>Phone: _____</p> <p>Email: _____</p> |
|---|---|

Please comment on the applicant's main strengths and promise as a graduate student at Washington University.

Give views on the applicant's capacity for analytical thinking, ability to work with others, ability to express ideas clearly, and motivation. In addition, please state if you know any reason why this candidate should not be admitted.

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