

THE UNIVERSITY OF TEXAS AT DALLAS GRADUATE PROGRAMS

REQUEST FOR RECOMMENDATION

Semester _____

THIS SECTION MUST BE FILLED OUT BY THE APPLICANT BEFORE GIVING THIS FORM TO THE PERSON WRITING THE RECOMMENDATION
 A STAMPED ENVELOPE ADDRESSED AS INDICATED IMMEDIATELY BELOW SHOULD ALSO BE PROVIDED TO THE RESPONDENT.
Your Social Security Number (SSN) or UTD Identification Number (ID) is being requested because it is a unique ID which is maintained for the purpose of accuracy in tracking information. The disclosure of such information is voluntary. Disclosure of your SSN or UTD ID is governed by the Public Information Act (Chapter 552 of the Texas Government Code).

SOCIAL SECURITY # _____ PRINT NAME _____

STREET ADDRESS 1 _____ CITY _____ ST _____ ZIP _____

STREET ADDRESS 2 _____ PROVINCE _____ COUNTRY _____

I AM APPLYING FOR ADMISSION TO THE GRADUATE PROGRAM AT THE UNIVERSITY OF TEXAS AT DALLAS IN THE FIELD OF _____

IN COMPLIANCE WITH THE FEDERAL PRIVACY RIGHT OF PARENTS AND STUDENTS (BUCKLEY AMENDMENT), ANY RECOMMENDATION OR LETTER (THAT BECOMES A PART OF THE RECORD FOR ENROLLED STUDENTS) WILL BE AVAILABLE TO THE STUDENT, UNLESS THE STUDENT HAS SIGNED A WAIVER OF THE STUDENT'S RIGHT OF ACCESS. IF YOU WISH TO WAIVE YOUR RIGHT OF ACCESS TO THIS LETTER, PLEASE SIGN.

SIGNATURE: _____ DATE: _____

THE REST OF THIS FORM SHOULD BE COMPLETED BY THE PERSON MAKING THE RECOMMENDATION (RESPONDENT)
RETURN IT AT YOUR EARLIEST CONVENIENCE TO:

DIRECTOR OF ADMISSIONS, MC18
 THE UNIVERSITY OF TEXAS AT DALLAS
 PO BOX 830688
 RICHARDSON, TX 75083-0688

IF YOU WOULD PREFER TO WRITE A LETTER, EITHER IN ADDITION OR IN PLACE OF THIS FORM, PLEASE FEEL FREE TO DO SO.

A) KNOWLEDGE OF THE APPLICANT

- Approximately how long have you known the applicant? _____ YEARS _____ MONTHS
- How well do you feel you know the applicant? Casually Well Very Well
- What were the natures of your contacts with the applicant?
 Teacher in one class Teacher in more than one class Employer
 Research Advisor Major Advisor Other (Specify) _____

B) RELATIVE RATINGS OF THE APPLICANT

In the areas indicated below, please keep in mind the group with which you are comparing the applicant (College seniors, graduate students, or other)

REFERENCE GROUP: _____

- Of the students in this group, in intellectual ability I consider the applicant to be in the:
 LOWEST 25% UPPER 25% UPPER 5% INADEQUATE OPPORTUNITY
 MIDDLE 50% UPPER 10% UPPER 1% TO OBSERVE APPLICANT

- Applicant's promise as a graduate student

	EXCEPTIONAL	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO INFORMATION
ANALYTICAL ABILITY					
FOREIGN LANGUAGE ABILITY					
KNOWLEDGE OF FIELD					
TEACHING ABILITY					
WRITING ABILITY					
ABILITY TO EXPRESS IDEAS ORALLY					
ABILITY TO WORK WITH OTHERS					
EMOTIONAL MATURITY					
MOTIVATION TO WORK					
NATIVE INTELLECTUAL ABILITY					
ORIGINALITY					
RESEARCH APTITUDE					

3. In your opinion, is the applicant's scholastic record, as you know it, an accurate index of this students scholastic ability?
Yes No Inadequate opportunity to observe *If Your Answer Is "No", Please Explain Briefly.*

4. Please express your views on any of the items rated under item number 2 and on any other relevant abilities about which you have knowledge (e.g. ability to organize and express ideas clearly, orally and in writing.)

5. What, in your judgment, is the success level of the applicant?

DEFINITELY DOCTORAL LEVEL

PROBABLY MASTERS LEVEL

PROBABLY DOCTORAL LEVEL

PROBABLY BELOW MASTERS LEVEL

DEFINITELY MASTERS LEVEL

DEFINITELY BELOW MASTERS LEVEL

6. In summary, I would give a: VERY STRONG STRONG AVERAGE NO RECOMMENDATION
RECOMMENDATION WITH RESERVATION (PLEASE SPECIFY) _____

SIGNATURE OF RESPONDENT _____		DATE _____		
NAME PRINTED OR TYPED _____		TITLE _____		
INSTITUTION _____		PHONE _____		
STREET ADDRESS _____				

CITY	STATE	ZIP	PROVINCE	COUNTRY