

Recommendation for Graduate Studies

APPLICANT NAMELast					D	ATE
Last	Name (Family Na	me) I	First Name	Middle/ N	Iaiden Name	
TO BE COMPLETED BY Waiver of right of access to recommendation for me in supp this form and attachments of co-	o confidential soort of my backs	tatement: "I I	rience. I hereby	waive my right to	inspect the lett	o write a letter eer which appears
Student Signature Date						
TO BE COMPLETED BY We would appreciate a confider think the applicant will do as a g	ntial, frank state	ment from you co	oncerning the ap			us how well you
How long have you known	the applicant?					
In what capacity?						
Please rate the student by placin using as a basis for comparison					hat is the group	of students you ar
	0.44	W C 1	Above		Below	Unable
	Outstanding Top 3%	Very Good Top 10%	Average Top 30%	Average Upper 60%	Average lower 40%	to Judge
Native intellectual ability	10p 370	10p 1070	10p 30 %	Сррсі 0070	10WC1 4070	Judge
Breadth of knowledge in						
Chem. & Bio. Eng.						
Imagination and probable						
creativity						
Persistence and work						
ethic						
Ability to express self						
orally						
Writing Skills						
Do you feel that the student has	intellectual or r	esearch abilities	not reflected in l	nis/her grade-poir	nt average? If so	o, please explain.
It would be helpful to our evalustatement describing the qualities which he/she has applied. Spec	es of the applica	nt and your asses	ssment of his/her	potential for suc	cess in the degre	
Name (please print)			Position		at	
Address						
Phone	E-mail					
Signature		Date				
Please return this reference	e directly to:	303 Furnas State Univer	of Chemical a Hall	and Biological	Engineering	