



UNIVERSITY OF
SOUTHERN MAINE

Please return form to:
University of Southern Maine
Office of Graduate Admissions
P.O. Box 9300
Portland, Maine 04104-9300

LETTER OF RECOMMENDATION

This section is to be completed by applicant:

Applicant _____
(LAST NAME) (FIRST NAME) (MIDDLE INITIAL)

Program to which application is made _____

OPTIONAL WAIVER OF RIGHT ACCESS

I, undersigned, understand that the information provided in this letter from _____ will be used by the University in deciding upon admission to graduate study and/or the award of a fellowship or assistantship. I hereby waive any and all rights of access to this letter I might have under the Family Educational Rights and Privacy Act of 1974, or other related laws, regulations, or policies.

SIGNATURE

DATE

Recommender should complete both sections A (below) and B (on back) of this form.

A. Please rate the applicant on the chart below in comparison with other prospective graduate students you have known:

| | Highest | Next Highest | Middle | Lowest | Unable to Evaluate |
|----------------------------------|---------|--------------|--------|--------|--------------------|
| Ability to Analyze a Problem | | | | | |
| Capacity to Work with Others | | | | | |
| Communication Skills: Oral | | | | | |
| Communication Skills: Written | | | | | |
| Creativity and Imagination | | | | | |
| Cultural Sensitivity | | | | | |
| Maturity | | | | | |
| Motivation for Graduate Study | | | | | |
| Potential for Career Advancement | | | | | |
| Research Aptitude | | | | | |
| Self Confidence | | | | | |

B. The Graduate Admissions Committee would appreciate a candid statement from you concerning the applicant. Please indicate in what capacity and for how long you have known the applicant; give your assessment of his/her ability to succeed in graduate study and in his/her chosen profession; and provide an evaluation of his/her strengths and weaknesses insofar as these might affect such study. Please attach your statement to this form or provide below.

SIGNATURE OF RECOMMENDER

DATE

PRINTED NAME

POSITION

INSTITUTION

Please mail directly to address on reverse side.