CMU CENTRAL MICHIGAN UNIVERSITY | College of Science & Engineering
Department of Biology

DEPARTMENT OF BIOLOGY

Graduate Program

Recommendation Form

1. **APPLICANT:** Complete this section and fill in the name and complete address of the recommender completing this form. Please print.

APPLICANT:
Name:_____
Address:_____
City, State, Zip: _____
Phone:_____
email:_____

RECOMMENDER:
Name:_____
Title:_____
Department:_____
Institution:_____
City, State, Zip Code:_____

The Family Educational Rights and Privacy Act of 1974 opens many student records for the student's inspection. The law also permits the student to sign a waiver relinquishing his or her rights to inspect letters of recommendation. The applicant's signature below indicates the choice.

I hereby _____waive my right of access to the information or _____I do not waive my right of access to the information recorded

Signature of applicant _____ Date _____

2. **RECOMMENDER:** Under the provisions of the Family Educational Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided unless he or she has waived such access.

***Please respond to the items below (a-e) and sign, date and return to address on reverse*.**

a. How long and in what capacity have you known the applicant?_____
b. Among approximately _____ students I have known in comparable fields, I would rank this student in the upper _____ percent.
c. Rate the applicant in the table below. These ratings should complement but not replace your comments in your attached letter.
d. Please attach a letter with your opinion of this applicant's ability to pursue advanced study, conduct research, teach at the college level, and to pursue a successful career in his or her field of biology.

	Exceptional (Top 1%)	Outstanding (Top 5%)	Excellent (Top 10%)	Very Good (Top 25%)	Above Average (Top 50%)	Below Average (Lower 50%)	Unable to Comment
Intellectual Potential							
Ability to plan and conduct research							
Creativity and originality							
Knowledge in chosen field							
Ability to work independently							
Ability / Potential for college teaching							
Motivation for graduate school							
Overall potential for graduate work							
Persistence and initiative							

e. Indicate the strength of your overall endorsement by placing an "X" along the following scale:

_____

Recommend Recommend with some reservations Not Recommended

Signature:_____ Date: _____

Please mail or email completed form and letter to: Graduate Coordinator, Dept. of Biology, Central Michigan University, Mount Pleasant, MI 48859 or *biogradcoord@cmich.edu*.