

To the Applicant: This form should be completed by a professor (or a supervisor) under whom you have studied (or taught or worked) who is able to comment on your qualifications for graduate study). Type or print the first five lines yourself.

Your Name: _____
(Last) (First) (Middle)

Student No. or (SSN) _____ Birthdate: _____

Your Address: _____

To the Recommender: Please rate the applicant with others of the same age and academic level: It is important to the candidate that you give a percentage rating here.

Student population used for comparison _____
(example: current promotion, last 3 years, etc.)

	Lower Third	Middle Third	Upper Third	Upper 10%	Upper %	Not able to judge
Native Intellectual Ability						
Competence in his/her Chosen Field						
Motivation plus Diligence						
Creativity or Research Potential						
Potential as a Teacher						

On a scale of 0-10, with 10 being the highest, this candidate is ranked _____.

If you wish you can use the rest of this form to transmit to us your comments on the applicant's merits for receiving an award.

Signature of Recommender

Date