

# Recommendation for Graduate Study

LOUISIANA STATE UNIVERSITY

Electrical and Computer Engineering Department

## **Must be completed by the applicant:**

Name: \_\_\_\_\_ PAWS ID: \_\_\_\_\_  
(Last) (First) (Middle)

What degree will you pursue at LSU? \_\_\_\_\_

Name and affiliation of recommender: \_\_\_\_\_

In accordance with the Family Education Rights and Privacy Act of 1974, you may waive your right to inspect this recommendation by signing the statement below. Should you decide not to waive the right, you will have access to the recommendation if you enroll in the Graduate School at LSU.

*I hereby waive my right of access to this recommendation:*

\_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Date**

## **Must be completed by the recommender:**

Name: \_\_\_\_\_

Title or position: \_\_\_\_\_ Telephone (include area code) : \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Date**

This recommendation will remain confidential during the admission process and will be used by the Electrical and Computer Engineering Department only in its procedures relative to admission and awarding of fellowships or assistantships. If the applicant has not waived the right of access to the recommendation, it will become accessible to the applicant only after he or she enrolls in the Graduate School. Please write (you may print or type) candidly and analytically about the applicant's qualifications and potential to be academically successful in the field specified above. When you have completed this recommendation, please enclose it in the envelope provided. Seal it, sign it across the seal, and return it to the applicant. If you prefer, you may mail it directly to Electrical and Computer Engineering Department, Louisiana State University, Graduate Office, 102 S. Campus Drive, Baton Rouge, LA 70803.

**To be completed by 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).

Name: \_\_\_\_\_ PAWS ID: \_\_\_\_\_  
(Last) (First) (Middle)

Your address: \_\_\_\_\_

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**To be completed by 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 undergraduate population, 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 \_\_\_\_\_.

Please comment candidly on the candidate's strengths and weaknesses, and his/her ability to perform Graduate Study. Also rate the candidate's ability to serve as a teaching or research assistant. Please add additional sheets, if needed.

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\_\_\_\_\_  
Signature of Recommender

\_\_\_\_\_  
Date