

Recommendation Form

Faculty of Arts & Sciences - University of Pittsburgh
Pittsburgh, PA 15260

**PLEASE INCLUDE YOUR LETTER OF RECOMMENDATION WITH THIS FORM
AND RETURN TO THE DEPARTMENT ADDRESS PROVIDED TO YOU BY THE APPLICANT**

TO THE APPLICANT: FILL OUT THIS SECTION AND SIGN YOUR NAME

(Name of Applicant) _____ is applying for admission to the _____ (M.A./Ph.D.) program in the _____ (department) at the University of Pittsburgh. We would appreciate your views concerning the applicant's suitability for graduate study in this field, and future potential as a scholar and teacher.

The "Family Rights and Privacy Act of 1974" provides that applicants have the right of access to (i.e., are able to read and arrange to purchase a personal copy of) reference letters written after January 1, 1975 unless they choose to give up that right. Prior to submitting this form to a reference writer, the applicant must indicate whether they wish to be able to see the letter. **IMPORTANT:** Letters received which do not have the following choice indicated and signed by the applicant will be treated as 'non-confidential' and will be available to be reviewed by the applicant.

I DO _____ DO NOT _____ give up the right of access to this reference letter.

Applicant's Signature _____

TO THE REFEREE: COMPLETE THIS SECTION AND ATTACH YOUR LETTER OF RECOMMENDATION

I rank this student in the top _____ % of approximately _____ students I have taught in _____ years.

	UPPER 1 OR 2%	UPPER 10% BUT NOT UPPER 1 OR 2%	UPPER 25% BUT NOT UPPER 10%	UPPER HALF BUT NOT UPPER 25%	LOWER HALF	NO BASIS FOR JUDGMENT
INTELLECTUAL ABILITY						
BREADTH OF GENERAL KNOWLEDGE						
ORAL EXPRESSION						
WRITING ABILITY						
PERSEVERANCE						
EMOTIONAL MATURITY						
POTENTIAL FOR RESEARCH						
POTENTIAL AS A TEACHER						

SIGNATURE

NAME (TYPED OR PRINTED)

DATE

POSITION

INSTITUTION

ADDRESS

CITY

STATE

ZIP CODE