



LETTER OF REFERENCE GRADUATE STUDIES, ENGINEERING

College of Engineering
University of Cincinnati
Mail Location 0077
Cincinnati, Ohio 45221-0077

To Be Completed Name of the Applicant _____
Last First Middle
(Family Name) (Given Name)

I am applying to the Department of:

Name of Recommender _____

To the Applicant

You may waive your right (under the Family Educational Rights and Privacy Act of 1974) to review letters of recommendation or evaluation. Such action is entirely optional and has no effect on admission or award of financial aid.

I waive my right to review recommendations and evaluations in support of my application to the University of Cincinnati Graduate Program in the College of Engineering.

Signature of the Applicant

Date

To The Recommender

Your candid assessment of the applicant named above will greatly assist the departmental Committee on Admissions. Your report will be used for determining whether the candidate should be admitted to the graduate program and offered financial aid.

We prefer the applicant to gather individual letters of recommendation (and other documents) and to submit a complete set of documents with the application. The advantage of this system is that the student knows the application is complete when submitted. After completing this form, please place it in an envelope and sign it across the seal. Then return it to the applicant who will forward it to the appropriate address, unopened, with the application materials. If you prefer, you may send it directly to the appropriate address (see * above) yourself.

We would appreciate a statement from you (optional) concerning the applicant's scholarship, personality, character and professional promise. Please include the statement an assessment of strengths and weaknesses. If you can compare the applicant with others who have attended this college, we would welcome such a comparison. You may write the entire statement on your own stationery.

Summary Evaluation

Using the chart below, please rate the applicant relative to other students or employees whom you have known in a similar capacity.

	Not Observed	Weak (Lower 50%)	Fair (Top 50%)	Good (Top 35%)	Excellent (Top 10%)	Outstanding (Top 2%)
Intellectual potential						
Ability to work with others						
Creativity and imagination						
Theoretical ability						
Experimental ability						
Maturity						
Personal Character						
Self Confidence						
Communication skills; oral						
Communication Skills; written						
Ability to analyze a problem and formulate a solution						
Motivation for proposed program of study						
Potential for career advancement						

IF THIS STUDENT WERE ON OF YOUR OWN GRADUATE STUDENTS, HOW WOULD YOU RANK HIM OR HER?

- _____ DEFINITELY AS Ph.D. MATERIAL
- _____ PROBABLY AS Ph.D. MATERIAL
- _____ DEFINITELY AS TERMINAL M.S. MATERIAL
- _____ QUESTIONABLE
- _____ NOT DESIRABLE

Signature: _____ Date: _____

Name (please type or print) _____

Title: _____ Employer: _____

Business Address _____

Number and Street Name

City _____ State _____ Zip Code _____ Telephone _____