



GRADUATE STUDIES

UNIVERSITY AT ALBANY
State University of New York

UAB 121
1400 Washington Avenue, Albany, NY 12222
518-442-3980

RECOMMENDATION FOR GRADUATE STUDY

Name of Applicant: _____
Last (Family) First Middle

Applicant's Date of Birth: _____ Desired degree and field of study: _____

Name of Reference: _____ Occupation of Reference: _____
Last (Family), First

Confidentiality The Family Education Rights and Privacy Act of 1974 (FERPA), as amended, and the University guidelines permit enrolled graduate students access to letters of recommendation retained in their files. The applicant may waive this right of access, in which instance, retained letters will be considered confidential and will typically not be available to students. If you wish to waive your right of access to this letter, please indicate by signing your name on the line below. By signing below, you agree to waive all right to review the content of this letter of recommendation.

Applicant Signature Date

Notice to the Recommender The above named individual is applying for graduate study at the University at Albany. The University places great emphasis on the importance of testimony of those qualified to offer comments concerning the qualifications of the applicant. Please return this completed form in a sealed envelope, with your signature across the sealed flap to the address above. Thank you.

How long have you known the applicant? _____ In what capacity? _____

Please rate the applicant using the scale below. Please provide narrative comments on the reverse side of this form.

Poor **Below Average** **Average** **Above Average** **Outstanding** **Not Able To Judge**

	Poor	Below Average	Average	Above Average	Outstanding	Not Able To Judge
Ability of expression in written and oral work						
Creativity in research work, projects, etc.						
Motivation for proposed program of study						
General preparation for graduate study						

Please comment on the specific talents the applicant has demonstrated in research, writing or teaching. We also welcome comments concerning the applicant's academic, personal and professional qualities which reflect his/her ability to engage in graduate study. If you wish, you may attach a separate letter instead of using this form.

signature

date

title

Please return this form in a sealed envelope with your signature across the seal to the Office of Graduate Studies (UAB121, 1400 Washington Avenue, Albany, NY 12222). Thank you for completing this form according to our instructions.

Updated 12/17/12