## THE GRADUATE SCHOOL The University of Texas at Arlington

## **Request for Recommendation**

You can save a filled copy of this form on your computer by clicking on the icon on your browser. If you face printing problems, please click File ->Print->Advanced (button)->Print as Image (checkbox)->Ok

The applicant should complete this section and should also provide the respondent with a stamped envelope addressed as follows:
Craduata Advisor
Graduate Advisor, Name of program and program UTA box number to which you are applying
The University of Texas at Arlington, Arlington, Texas 76019-0167.
To find the UTA box number for your graduate degree program click here and select your program.
(Mr.)(Ms.)is applying for admission to the ( )Master's ( )PhD. program in at The University of Texas at Arlington. The applicant and admission committee will appreciate your
The University of Texas at Arlington. The applicant and admission committee will appreciate your completing this form and returning it at your earliest convenience to the Graduate Advisor of the program to which the applicant is applying. If you would rather write a letter, either in addition to or in place of this form, please feel free to do so.
<b>Applicant's Statement:</b> I am aware that under the Congressional Family Educational Rights and Privacy Act of 1974 (Sec. 438 (a) (20) (B) C (c), I am not required to, but that I may voluntarily waive my right to access confidential letters and statements of recommendation submitted to The University of Texas at Arlington in support of my application to the Graduate School. I further understand that under the provision of the Family Educational Rights and Privacy Act, an unsuccessful applicant, regardless of whether such applicant has signed a waiver, has no right to inspect any of the admission application materials accumulated in his/her case. The giving of a waiver shall not be regarded as a condition for admission to, receipt of financial aid, or receipt of any other services or benefits from the university.
I hereby: ( ) do ( ) do not waive my right of access to any and all letters or statements of recommendation, which may be submitted by (Applicant
which may be submitted by (Applicant must specify name of person submitting recommendation before sending form to that person) in connection with my application to the Graduate School at The University of Texas at Arlington.
Signature of Applicant Date
Applicant's UTA 10 digit I.D Number (If not known leave blank)
KNOWLEDGE OF THE APPLICANT
1. Approximately how long have you known the applicant? years months
2. How well do you feel that you know applicant? casually □ well □ very well □

3. What was t	he nature of your	contacts with	the applicant?			
Teacher in one Research Adv Other (specify)	isor 🖵		er in more than one Advisor 🖵	Emp	Employer □	
RELATIVE RA	ATING OF THE	APPLICANT				
	ne applicant in the e seniors, gradua		cated below by co her)	omparing him or	her to the refe	erence group yo
Reference Gro	oup:					
1. Of those in	the group, in Int	tellectual Abilit	y, I consider the a	pplicant to be in th	ne:	
Lowest 25% [ Middle 50% [			Upper 5% □ Upper 1% □	Inadequate op	oortunity to ob	serve applicant
2. Applicant's		Above	ent (Please rate by	Below		alues.) No Information
Knowledge of Field	Exceptional (10-	Average (d	-7) Average (6-5-4	Average (5-2)	Poor (1-0)	Iniomation
Intellectual Ability						
Motivation to Work						
Writing Ability						
Oral Expression						
Emotional Expression						
Working with Others						
Originality						
Research Aptitude						
Analytical Ability						

	pplicant's	scholas		s you know it,	•		ecords. In your nolastic ability?	opinion,
•	•				•	•	ncerns which sh the student's g	
	nowledg	e (e.g., a					ant abilities abou ting, accomplish	
6. What in Definitely d Probably m	loctoral le	vel 🖵	Probab	level of the ap ly doctoral lev ly below mast	· ⁄el ⊒	-	ster's level □ ow master's leve	

7. In summa	ary, I would	d give a:					
very strong	□ stron	ng 📮	average		no recommendation $\ \Box$		
or recomme	ndation wi	th reser	/ation (as s	pecifi	ed):		
Signature of	responde	nt				Date	
Name, printe	ed or typed	l					
Title							
Institution							
Address _							
City	<b>/</b>				State		Zip
GAA-3 (5/00	<b>)</b> )						