



Recommendation Form

Indiana University Department of Biology

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To be completed by applicant before forwarding to recommender:

Applicant name (*please print/type*): _____

Check one:

I wish to have access to this letter of recommendation - it will not be confidential.

I waive my right of access to this letter of recommendation.

Failure to check one of the above options is regarded as a waiver.

Signature: _____ Date: _____

To be completed by recommender:

Recommender name (*please print/type*): _____

Position/title: _____

Address and telephone: _____

Signature: _____ Date: _____

Please give us your appraisal of the applicant in terms of the qualities listed below. Rate the applicant in comparison to other graduate school applicants you have known. Also, please provide more detailed comments about the applicant, either on the reverse side of this sheet or in a separate letter.

	Superior (Top 5%)	Excellent (Top 15%)	Good (Top 1/3)	Average (Mid 1/3)	Poor (Low 1/3)	Not Observed
Potential for graduate research						
Motivation						
Independence/Creativity						
Communication skills						
Maturity (self discipline)						
Reasoning ability (analysis, common sense)						

Overall my recommendation for graduate study in Biology is:

highly recommended recommended recommended with reservations not recommended