

**Graduate School Recommendation**

To be completed by the applicant:

Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
(Last/Family) (First/Given) (MI)

Proposed Major: \_\_\_\_\_ Graduate Degree Sought: \_\_\_\_\_  
(Department/Program)

**Important: You must select one:**

- I waive my right of access to this recommendation
- I retain my right of access to this recommendation

Signature \_\_\_\_\_ Date \_\_\_\_\_

**List the courses completed under the person giving this recommendation (if applicable):**

Course Number	Course Title	When Taken	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Name of person giving this recommendation:**

*(Please Print or Type)*

**Recommender's relationship to applicant:**

\_\_\_\_\_

A copy of this form can be downloaded at <http://graduate.slu.edu/forms/recommendation.pdf>

**Electronic copies and photocopies are not accepted. Documents must be original.**

To be completed by the person giving this recommendation:

**Summary Evaluation:** Overall scholarly ability. How do you rate the applicant in GENERAL SCHOLARLY ABILITY in comparison with a representative group of students in the same field who have had approximately the same amount of experience and training?

- Outstanding . . . . . Highest 5%.
- Very Good . . . . . Next highest 10%.
- Good . . . . . Upper 25%.
- Average . . . . . Upper 50%
- Below Average . . . . . Lower 50%

*Note: Please check the educational level with whom the applicant is compared in Item #1.*

- Juniors
- Seniors
- First Year Graduate Students
- Advanced Graduate Students

This form continues on the back

<b>Check all that are applicable:</b>	Doctoral Program	Master's Program	Assistantship or Fellowship
I strongly recommend for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I recommend for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I recommend with reservations for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not recommend for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Check those positions** which you would be willing to have the applicant hold under your direction:

- Research Assistant     Teaching Assistant     Employee

Please attach a separate letter on letterhead addressing the following questions.

**In your opinion**, is the applicant's scholastic record, as you know it, an accurate index of his/her scholastic ability?

**Do you know of any matters** pertaining to the applicant's character, integrity, responsibility, or related considerations, which should be made known to our admissions committee and/or faculty?

**What is your assessment** of the applicant's future as a graduate student? (intellectual maturity, capacity for analytical thinking, ability to work with others, organize and express ideas clearly in writing and orally)

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

When completed,  
your reference should be  
returned to the applicant  
in a sealed envelope,  
with your signature  
across the seal.

Applicants should mail  
references along with  
additional documents to:  
Saint Louis University  
Graduate School  
3634 Lindell Blvd., Suite 117  
St. Louis , MO 63108

NOTE: This recommendation form will be used only in evaluating the applicant for admission into the Graduate School of Saint Louis University. If admission is granted and the applicant enrolls, this form will be destroyed at the end of the student's first semester.