

Graduate School Recommendation

To be completed by the 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.

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:

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

Check all that are applicable:

	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.