THE COLLEGE OF EDUCATION
The University of Texas at Arlington

Request for Recommendation

Please save this document using the **"Save As"** function to preserve your information and <u>**title it with the applicant's last name.**</u>
If you face printing problems, please click File ->Print->Advanced (button)->Print as Image (checkbox)->Ok

The applicant should complete the below section and sign prior to sending recommendations form to

respondent. The applicant should also provide the respondent the email address to send the completed

recommendation form (coedgrad@uta.edu).

(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 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.

Applicant's Statement: 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 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 the nature of your contacts with the applicant? (If more than one, select primary contact and specify other contacts).

Teacher in one class ❏   Teacher in more than one class ❏   Employer ❏

Research Advisor ❏   Major Advisor ❏

Other (specify)

_____

_____

_____

_____

RATING OF THE APPLICANT

Please rate the applicant in the areas indicated by comparing him or her to the reference group specified below.

Reference Group: _____

_____

1. Of those in the group, in Intellectual Ability, I consider the applicant to be in the:

Lowest 25% ❏   Upper 25% ❏   Upper 5% ❏   Inadequate opportunity to observe applicant ❏

Middle 50% ❏   Upper 10% ❏   Upper 1% ❏

2. Applicant's promise as a Graduate Student (Please rate by one of the indicated numeric values.)

	Exceptional (10-9)	Above Average (8-7)	Average (6-5-4)	Below Average (3-2)	Poor (1-0)	No Information
Knowledge of Field						
Intellectual Ability						
Motivation to Work						
Writing Ability						
Oral Expression						
Emotional Expression						
Working with Others						
Originality						
Research Aptitude						
Analytical Ability						

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

Yes ❑   No ❑   Don't Know ❑

4. Do you have any information related to character and temperament, or any other concerns which should be considered by an admissions committee or should be taken into account in planning the student's graduate work?

5. Please express your views on any of the items related above and on any other relevant abilities about which you have knowledge (e.g., ability to organize and express ideas clearly, orally and in writing, accomplishment in thesis or published works).

6. What in your judgment is the success level of the applicant?

Above Master's Level ❑   Average Master's Level   Minimum Master's Level
Above Doctoral Level ❑   Average Doctoral Level   Minimum Doctoral Level

7. In summary, I would give a:

very strong ❏ strong ❏ average ❏ no recommendation ❏ or

recommendation with reservation (specify below):

Signature of respondent   Date

Name, printed or typed

Title

Institution

Address
      City   State   Zip

GAA-3 (5/00)