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: (NOTE: Disregard the stamped envelope request if applying to the PhD Program.)							
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 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							
Signature of ApplicantDate							
Applicant's UTA 10 digit I.D Number (If not known leave blank)							
KNOWLEDGE OF THE APPLICANT							
Approximately how long have you known the applicant?yearsmonths							
2. How well do you feel that you know applicant? casually □ well □ very well □							

3. What was ti	ne nature of your	contacts with t	ne applicant?			
Teacher in or Research Ad Other (specify	visor 🖵		r in more than o dvisor □	Emp	Employer □	
RELATIVE R	ATING OF THE	E APPLICAN	Т			
	e applicant in the e seniors, gradua		ed below by comp er)	aring him or her	to the referen	ce group you
Reference Gro	oup:					
1. Of those in	the group, in In	tellectual Ab	ility, I consider tl	ne applicant to	be in the:	
Lowest 25% Middle 50% C			Upper 5% ☐ Upper 1% ☐	Inadequate opp	portunity to ob	serve applicant [
		Above	t (Please rate by o	Below		No
Knowledge of Field	Exceptional (10-9) Average (o-	7) Average (6-5-4	Average (3-2)	Poor (1-0)	Information
Intellectual Ability						
Motivation to Work						
Writing Ability						
Oral Expression						
Emotional Expression						
Working with Others						
Originality						
Research Aptitude						
Analytical Ability						

3.	Some gifted individuals demonstrate comparatively low achievement in scholastic records. In your opinic is the applicant's scholastic record, as you know it, an accurate index of his or her scholastic ability? Yes No Don't Know							ion,						
											any other co			
	nsiaer rk?	ea by	an a	admis	ssions	s committee	or snould	d be take	en into ac	cour	nt in planning	the stud	ent's grad	duate
yoı	ı have		vledg	e (e.ç	g., ab						ny other relev ally and in wr			
6.	 What	in you	rjudo	gmen	t is th	ne success l	evel of the	applicant	?					
		, docto	,				oly doctora	• •			Definitely ma	netor'e lo	vol 🗆	
	-	maste					ly below n				Definitely had			

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7. In summary, I would give a:		
very strong 🗖 strong 📮 average	□ no recommendation □	
or recommendation with reservation (a	s specified):	
Signature of respondent		Date
Name, printed or typed		
Title		
Institution		
Address		
City	State	Zip
GAA-3 (5/00)		