



Letter of Recommendation for Graduate Study

THIS SECTION TO BE COMPLETED BY APPLICANT

PLEASE PRINT

APPLICANT NAME: _____ E-MAIL: _____
Last (Family) Name First Name

DEPARTMENT: _____ MAIL CODE: _____
(for the MAIL CODE, visit <http://ogs.ucsd.edu/admissions/degree-programs>) University of California, San Diego
La Jolla, CA 92093

— PLEASE SUBMIT DIRECTLY TO THE DEPARTMENT AT THE ADDRESS ABOVE—

A.

The applicant named above is applying for admission and may be applying for financial assistance or academic employment at the University of California, San Diego. Please attach a statement or letter addressing the questions that follow.

- What are your personal impressions of the candidate's intellectual ability, potential for research, or professional skill?
- Comment on his or her quality of previous work, and promise of productive scholarship.

B.

Rate this student in the two areas below. Compare them with other individuals you have worked with and/or observed at similar stages in their careers. Check the box under your selected percentage.

1. Rate the academic and intellectual ability of the applicant.

Inadequate Opportunity to Observe	Below Average	Average	Above Average	Very Good	Outstanding	Superior	Extraordinary
NA	Below 40%	40%-60%	Top 40%	Top 20%	Top 10%	Top 5%	Top 1%

2. Rate this applicant's potential for success in a rigorous graduate program

Inadequate Opportunity to Observe	Below Average	Average	Above Average	Very Good	Outstanding	Superior	Extraordinary
NA	Below 40%	40%-60%	Top 40%	Top 20%	Top 10%	Top 5%	Top 1%

SUBMISSION INSTRUCTIONS;

Please return this form and the signed waiver of access form provided by the applicant to the graduate program listed above at the mail entered by the applicant. Letters filed without a signed waiver form are presumed to be available for review by applicants who become registered students at UCSD under provisions of the Family Educational Rights and Privacy Act of 1974.

Recommender's Name: _____ E-mail: _____
Last (Family) Name First Name Middle Initial

Position or Title: _____ Department: _____ Institution: _____

Address: _____
Number and Street City/State/Zip

Signature: _____ Phone () _____ Date: _____

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