

## RECOMMENDATION FORM FOR GRADUATE STUDY

**If mailed separately, mail directly to the department to which individual is applying.**

NAME OF APPLICANT	LAST OR FAMILY NAME	FIRST	MIDDLE
DEPARTMENT OF	DEGREE	BEGINNING DATE Quarter _____ 20 ____	

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are also permitted to waive their right of access to recommendations.

<input type="checkbox"/> I DO WAIVE my right to inspect the contents of the following recommendation. I understand that if I am admitted, Stanford University reserves the right to use the recommendation as part of any selection process for a different graduate program, for a particular dissertation laboratory, or for financial support derived from any source available to the University. <input type="checkbox"/> I DO NOT WAIVE my right to inspect the contents of the following recommendation.	SIGNATURE
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RECOMMENDER: This recommendation will remain confidential during the admission process. If the student is admitted, this recommendation will be used only as part of any subsequent selection process for a different graduate program, for a particular dissertation laboratory, or for financial support derived from any source available to the University.

HOW LONG AND IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT?

Please write candidly about the student's qualifications, potential to carry on advanced study in the field specified, intellectual independence, capacity for analytical thinking, ability to organize and express ideas clearly, and potential for teaching. Descriptions of significant actions, accomplishments, and personal qualities related to scholarly achievement are particularly helpful.

IF APPLICANT'S NATIVE LANGUAGE IS NOT ENGLISH, PLEASE EVALUATE ENGLISH PROFICIENCY

On the following scale, please rank the applicant against other students in comparable fields and indicate the comparison group used (e.g., undergraduate students at UCLA)	Bottom Quarter	Third Quarter	Second Quarter	Top 25%	Top 10%	Top 5%	Top 1-2%
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ADMISSION TO GRADUATE STUDY AT STANFORD UNIVERSITY IS:

Strongly recommended     
  Recommended     
  Recommended with reservations     
  NOT recommended

DATE	SIGNATURE	NAME (print)
TITLE	INSTITUTION	
	PHONE NO.	
	MAILING ADDRESS	
	EMAIL ADDRESS	

(If necessary, use extra sheets of paper and attach to this page)

PLEASE TYPE OR PRINT