



# Recommendation for Admission

University of Michigan-Flint  
and the  
Horace H. Rackham School of Graduate Studies

## Applicant

**INSTRUCTIONS:** You must provide all information requested in this top section. This information will be used to ensure that this recommendation will be matched to your application file. The completed recommendation and any attached information (if applicable) must be sent to the Office of Graduate Programs. Provide your recommender with an envelope addressed to: **University of Michigan-Flint, Office of Graduate Programs, 251 Thompson Library, Flint, MI 48502-1950.**

<b>Name of Applicant</b> _____	<b>Name of Recommender</b> _____
Birthdate _____	Title _____
Telephone _____	Institution/Company _____
E-mail _____	Business Address _____
Program of Study _____	_____
	Business Telephone _____
	E-mail _____

Under the provisions of the Family Educational Rights and Privacy Act of 1974, you (if admitted and enrolled) will have access to the information provided unless you have waived such access. Please sign and date below to inform us of your decision.

I hereby (check one)  **waive** OR  **do not waive** my right of access to the information recorded below.

**Signature of applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

## Recommender

**INSTRUCTIONS:** Under the provisions of the Family Education Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided unless he/she has waived such access.

**In addition to responding to the items below, please comment specifically on the applicant's strengths and limitations for graduate study. Please use the back side of this form for your comments or attach a letter.** Descriptions of significant actions, accomplishments, and personal qualities related to scholarly achievement are particularly helpful. Several paragraphs will be more useful to the admission committee than one or two sentences. If you do not wish to use this form, please include the full name of the student as it appears above to ensure that your recommendation will be added to the correct applicant file. Will you attach a letter?  Yes  No

1. How long and in what capacity have you known the applicant?

\_\_\_\_\_

2. Please rate the applicant in comparison with others whom you have known at similar stages in their careers.

	Exceptional Upper 5%	Outstanding Next 15%	Very Good Next 15%	Good Next 15%	Next 50%	No Basis for Judgment
Knowledge in chosen field						
Motivation and perseverance toward goals						
Ability to work independently						
Ability to express thoughts in speech and writing						
Ability/potential for teaching						
Ability to plan and conduct research						
Ability to exchange and share ideas						
Ability to analyze and solve problems effectively						
Interpersonal skills						
Leadership potential						
Integrity						

3. Please indicate the strength of your overall endorsement by placing an "X" along the scale.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Highly Recommended	Recommended	Recommended with Some Reservations	Not Recommended

**Name (please print)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_