

NOTE TO CANDIDATE: Please enter your name on the line marked "Name of Applicant" and send to the person who will write this recommendation. Ask that the recommendation be mailed to the address below:



**CONFIDENTIAL**

**Recommendation Form**

Graduate Programs Office  
1003 Asp Avenue  
Norman, Oklahoma 73019-4302

NAME OF APPLICANT \_\_\_\_\_

The Family Educational Rights and Privacy Act of 1974 opens many student records for the student's inspection. The law also permits the student to sign a waiver relinquishing his rights to inspect letters of recommendation. The applicant's signature below constitutes a waiver signifying that the recommendation will remain CONFIDENTIAL: no signature means the student will have the right to read this reference.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

**Masters**

Note: the person whose name appears above this applied for admission to a  **Doctoral** program at the University of Oklahoma. The admissions committee would appreciate your assistance by answering the following questions and returning to the address above as soon as possible.

If you do not know the student well please feel free to say so; such frankness will not prejudice the candidate's chance of admission. (I do not know the student well enough to give him a recommendation \_\_\_\_\_).

(1) How long and in what connection have you known the applicant?

(2) Please rate the applicant on the following abilities and traits:

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR	NO OPPORTUNITY TO OBSERVE
Oral Communication						
Written Communication						
Motivation						
Ability to work effectively with others						
Imagination						
Sense of Responsibility						
Overall evaluation as a candidate for graduate study						
Ability to complete a doctoral or masters program						

COMMENTS

(Please continue on reverse side)

DATE	OFFICIAL POSITION
INSTITUTION	TYPED NAME
CITY AND STATE	SIGNATURE