



DEPARTMENT OF PHYSICS
IUPUI
RECOMMENDATION FOR ADMISSION TO GRADUATE SCHOOL PROGRAM

TO THE APPLICANT: Please complete the top section of this form.

Full Legal Name _____
(Type or Print) Last First Middle

Present Address _____
 Number and Street City State Zip Code Country

Applying for admission to the Purdue University Graduate School for study toward the following degree at IUPUI:

M.S. Ph.D.

Under the federal family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. It is your option to waive your right to review these recommendations or to decline to do so. Please mark the appropriate box below and sign your name.

- I waive my right to review this recommendation.
- I do not waive my right to review this recommendation.

Applicant's Signature _____ Date _____

This recommendation should be sent to: Graduate Director
 Department of Physics
 IUPUI
 402 N. Blackford St., LD 154
 Indianapolis IN 46202-3273

Here or on a separate sheet, please provide your candid assessment of the applicant's strengths and weaknesses. In your opinion does the applicant possess the intellectual and personal qualifications necessary for success in graduate work? How do you rate the applicant's skills in written and oral English? How would you rate the applicant's potential success as a teaching assistant and his or her promise in creative endeavors? Please project the overall quality of the applicant's graduate work. Thank you in advance for taking the time to do this.

TO THE PERSON PROVIDING THE RECOMMENDATION: Please mail this form to the address shown above.

Respondent's Signature _____ Date _____ Telephone Number _____

Type or Print Name _____ Title or Position _____

Institution or Affiliation _____ Address _____