

**Letter of Recommendation**

**To applicant**

Fill in your name and the name of the person recommending you. Sign one of the waiver statements below and give this form (two pages) to a faculty member who is acquainted with you and your academic work. In addition, provide an envelope to the recommender with your name on it. Please send the completed Letter of Recommendation Form along with your application to the Graduate School.

Name of applicant (print or type) \_\_\_\_\_

Desired enrollment beginning in the \_\_\_\_\_ semester (Fall or Spring), of 20\_\_\_\_\_

Name of recommender \_\_\_\_\_

**The recommendation will not be considered unless you sign one of the statements below.**

The family Education and Privacy Act of 1974 gives the student the right to inspect letters of recommendation written in support of the applications for admission or fellowship. The law also permits students to waive the right if they choose, although, such a waiver cannot be a condition of admission or award.

The undersigned hereby waives any right to inspect the recommendation submitted by the person to whom this form is being given.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

The undersigned, if admitted to graduate study at Michigan Technological University, reserves the right after enrollment to inspect the recommendation submitted by the person to whom this form is being given.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**To Recommender**

Please address the 5 questions below, then fill out the information at the bottom of page two.

- In what capacity do you know the applicant \_\_\_\_\_
- I have known the applicant for \_\_\_ years and \_\_\_\_\_ months.
- Please evaluate the applicant's abilities in the table below where the educational level of the group you are using for comparison is:  
 Undergraduate Seniors     Master Students     Doctoral Students

	No basis for judgement	Average	Good (Top 11-25%)	Excellent (Top 4-10%)	Outstanding (Top 3%)
Fundamental knowledge of mechanical engineering					
Experimental techniques					
Oral communication					
Written communication					
Leadership					
Imagination and creativity					
Self-reliance and independence					
Emotional stability and maturity					
Overall ability to do graduate level research					

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4. Please check one of the options below regarding your overall recommendation for this student to pursue a graduate degree. If you check (b) or (c) please elaborate in the space provided.
- a.  I recommend the applicant without reservation as an excellent prospect.
  - b.  I recommend the applicant with some reservation.
  - c.  I cannot recommend the applicant at this time.

5. Please comment on the applicant's suitability for graduate work and potential as a teaching or research assistant. If the applicant is currently registered in a graduate program at your institution, do you know the reason he or she is changing institutions? You may use the space below, or attach a separate sheet.

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

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

**Note: Please return your recommendation directly to the student in a sealed envelope with your signature across the back flap.**

Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_