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# LETTER OF RECOMMENDATION

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## THE UNIVERSITY OF NEW MEXICO

Name of Applicant \_\_\_\_\_  
Last First Middle Date of Birth

Applying to Department of \_\_\_\_\_  
[If College of Education, specify program] Term and year of admission

*Applicant:* Before you give this form to an instructor or other persons acquainted with your qualifications for graduate work, please check and sign, in accordance with the Family Educational Rights and Privacy Act of 1974.

hereby waive  
I \_\_\_\_\_ my right of access to this letter of recommendation.  
 do not waive

MA  MS  EdSp  Ed.D.  Ph.D.

\_\_\_\_\_  
Applicant Signature Date

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To Writers of Letters of Recommendation:

We are particularly interested in the applicant's ability to carry on advanced study and research, and his or her potential for pursuing a successful career in the chosen field.

- I. Please rate the applicant on each of the following items, using a five-point scale:  
1-truly outstanding; 2-superior; 3-above average; 4-average; 5-below average; X-inadequate knowledge to rate.
- |                                   |                                      |
|-----------------------------------|--------------------------------------|
| ( ) Academic performance          | ( ) Research skills                  |
| ( ) Basic knowledge of the field  | ( ) Potential as teaching assistant  |
| ( ) Ability in written expression | ( ) Emotional maturity and stability |
| ( ) Ability in oral expression    | ( ) Self-reliance and independence   |
|                                   | ( ) Motivation and drive             |

II. Please provide a narrative assessment of the applicant's qualifications and prospects for success in graduate study. (Continue on the back if necessary, or feel free to attach a separate letter if you prefer.)

III. How would you rate this student in comparison to other students of the same level at your own institution?  
Circle the appropriate category:

In the bottom 50%    In the top 50%    In the top 40%    In the top 30%    In the top 20%    In the top 10%    In the top 1%

IV. Briefly indicate the time period and nature of your contact with this student.

\_\_\_\_\_  
Type or Print Name Date \_\_\_\_\_  
Signature \_\_\_\_\_ Institution \_\_\_\_\_  
Position \_\_\_\_\_ Address \_\_\_\_\_

**Please return this form to the student in a sealed envelope, or mail directly to the department to which the student has applied.**