

Letter of Recommendation Application for Graduate Assistantship

Department: _____

Program: _____

Semester: _____

PART A: To be completed by applicant

Name (print): _____

Signature of applicant: _____ Date: _____

PART B: To be completed by recommender

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

For the evaluations below, please indicate the group against which the applicant is being compared.

Summary Evaluation	Truly Exceptional (Top 5%)	Outstanding (85-95%)	Above Average (65-85%)	Average (50-65%)	Below Average (<50%)	Inadequate Opportunity to Observe
Analytical and Intellectual Abilities						
Creativity and Imagination						
Maturity, Responsibility, and Self-Confidence						
Motivation						
Ability to Work Independently						
Ability to Work with Others						
Oral Communication						
Written Communication						
Potential as a Teacher						
Potential as a Researcher						

