**Name of Applicant:**

To the Applicant: Please indicate your full name above. Give this form to your recommender.

To the Recommender: Please respond to the following questions. Please type or print. After completing this form, please return it to the applicant.

**Name of Recommender:**

**Title and Institution:**

**Address:**

**E-mail address:**

1. How long have you known the applicant?
2. Please comment on the applicant’s academic attainments.

1. Please comment on the applicant’s personal character.

1. Please indicate your overall evaluation of the applicant.

 □ Strongly recommended □ Recommended

□ Recommended with reservation □ Not recommended

1. Please make whatever additional comments you wish. An additional page may be attached.

**Date:** **Signature:**