

**RECOMMENDATION FORM FOR GRADUATE ADMISSION
UNIVERSITY OF MIAMI**

**Graduate Admissions
Department of Mathematics
University of Miami
P.O. Box 249085
Coral Gables, FL 33124-4250**

This form is to be completed and returned directly to the Department of Mathematics.

Name of Candidate: _____
Last Name First Name Middle Name

U.S. Social Security Number (if available): _____ Undergraduate Major: _____

University Attended: _____ Desired Graduate Major: _____

I hereby waive my right of access, under the Family Educational Rights and Privacy Act of 1974 to this letter of evaluation respecting my application for graduate admission to the University of Miami.

Signature

Date

Note that the signing of this statement is optional. Under law, refusal to sign the statement cannot be used negatively in the admission process.

THE CANDIDATE MUST FILL OUT THE BLANKS ABOVE.

1. I have known the applicant for _____ years as _____

I have known the applicant: ? well ? slightly

2. Please indicate your evaluation of the applicant in regard to each of the following qualities by placing a check mark at the appropriate position (ranging from low at the left to high at the right) in the box provided. Leave the boxes blank for those qualities you are unable to rank.

	Low	Average	High
Industry			
Discipline			
Motivation			
Self Expression			
Originality, Creativity			
Ability to do abstract reasoning			
Ability to do independent study			
Competence in background subjects of indicated graduate major			

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3. Please use the space below to expand upon your evaluation given in (2) or to give reasons why the applicant should be admitted to graduate study.

NAME (PRINT)

POSITION

DATE

SIGNATURE

INSTITUTION