



# University of the District of Columbia Letter of Recommendation

University of the District of Columbia, Office of Recruitment and Admissions  
4200 Connecticut Avenue, NW, Building 39, Room A-12, Washington, DC 20008 (202) 274-6110

## TO THE APPLICANT

Please complete the first section of this form and sign where indicated. Give one form and an envelope to each of the two persons who will write the recommendation. Each should return the form to you, sealed, in the envelope provided. Enclose the sealed envelope with your application and other supporting documents.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Social Security Number \_\_\_\_\_ (Used only for student identification in school records.)

Term for which you are applying (check one):  Fall  Spring  Summer Year \_\_\_\_\_

Intended graduate program of study \_\_\_\_\_ Degree \_\_\_\_\_

Check One:  I waive my right to review this Letter of Recommendation when completed and understand it will remain confidential.

I do not waive my right to review this Letter of Recommendation.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

## TO THE RESPONDENT

This applicant is applying for admission to the graduate program indicated above. We would like for you to provide a candid statement relative to the applicant's abilities to pursue graduate study at the University of the District of Columbia.

1) Please evaluate the applicant as you deem appropriate in terms of the following:

- a. Intellectual potential
- b. Motivation for graduate study
- c. Ability to do independent work
- d. Ability in written expression
- e. Ability in oral expression
- f. Dependability
- g. Maturity

2) I have known the applicant for \_\_\_\_\_ as an  undergraduate student  other (specify) \_\_\_\_\_  
length of time

3) I have served as the applicant's  Department Chairperson  Major Advisor  
 Instructor in one class  Other (specify) \_\_\_\_\_  
 Instructor in several classes

4) How would you rate this applicant compared to others whom you have recommended for graduate school?

Average  Superior (upper 15%)  Good (upper 25%)  Outstanding (upper 10%)

5) If you offer or could offer the same program at your institution, would you recommend the applicant?  Yes  No

Please assess the applicant's potential for successful graduate study. **When complete, please sign, date and immediately return to the applicant in a sealed envelope.**

**COMMENTS**

**RESPONDENT INFORMATION**

**Please type or print the following information:**

Name of Respondent \_\_\_\_\_

Title \_\_\_\_\_

Institution \_\_\_\_\_

Department \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Signature of Respondent** \_\_\_\_\_ **Date** \_\_\_\_\_