

GRADUATE SCHOOL RECOMMENDATION FORM

University of Maryland, Baltimore County

Use this form if your references will not be submitting their recommendations on-line.

Submit 3 Recommendations. Please photocopy additional forms as needed.

Instructions to applicant: Please complete the information below and then give this form to the person who will offer a recommendation on your behalf. Also provide this person an envelope addressed to the Graduate School. Please do not send this form to the program to which you are applying.

Last Name/Surname		First Name	Middle Initial
Number and Street of Local/Current Mailing Address		Apt. #	City
State		ZIP Code	Country
County (if in Maryland)			
Daytime Telephone Number	Evening Telephone Number	E-mail Address	

Proposed program -- enter 3 or 4 letter code from Graduate Program Chart Track, if applicable

Semester and year in which you wish to enroll: ☐ Fall ☐ Winter ☐ Spring ☐ Summer 20 ____

Degree objectives: ☐ Ph.D. ☐ M.A. ☐ M.S. ☐ M.F.A. ☐ M.P.P. ☐ M.P.S

Intended Enrollment Status: ☐ Full-time ☐ Part-time

Public Law 93-380, Educational Amendments Act of 1974, grants students the right to have access to letters of recommendation in their placement files. I wish to waive access to my letters. ☐ Yes ☐ No

Signature _____ Date _____

Instructions to recommender: Please write a short assessment of the applicant. We are particularly interested in the applicant's strengths, weaknesses and characteristics that would help the faculty review committee judge the applicant's ability to succeed in graduate school. Feel free to write comments on the back or use your own letterhead attached to this form. Also, please give your impression of the applicant in the chart below.

	Excellent	Above Average	Average	Below Average	Poor	Unable to Assess
Analytical ability	☐	☐	☐	☐	☐	☐
Breadth of knowledge	☐	☐	☐	☐	☐	☐
Verbal expression skills	☐	☐	☐	☐	☐	☐
Written expression skills	☐	☐	☐	☐	☐	☐
Perseverance	☐	☐	☐	☐	☐	☐
Maturity	☐	☐	☐	☐	☐	☐
Imagination and creativity	☐	☐	☐	☐	☐	☐
Potential as a teacher/scholar/researcher	☐	☐	☐	☐	☐	☐
Overall academic potential	☐	☐	☐	☐	☐	☐

Print Name, Title _____

Institutional Affiliation _____

Address of Recommender _____

Date: _____ Telephone: _____ Fax: _____ E-mail: _____

Signature _____

Please send this form to: UMBC, Graduate School, (name) Program, 1000 Hilltop Circle, Baltimore, MD 21250.