



GRADUATE ADMISSIONS PROCESSING

To the applicant: Copies of this form should be given to three individuals under whom you have studied or worked, and who are able to comment on your qualifications for graduate study, and for a graduate award or appointment. Before giving the form to your recommender, please fill in the upper portion of **page 1 and include your name in the designated "applicant name" sections on page 2.** Have each recommender return pages 1 and 2 to the address below in a sealed envelope, signed across the seal.

Your name (as on application)

last/family name first/given name middle name (in full if applicable) maiden name suffix

U.S. Social Security number (optional)

Program and degree for which you are applying at Syracuse _____

Date of birth (mm/dd/yyyy) _____ Applicant e-mail address _____

Are you applying for a graduate award or appointment from Syracuse University? Yes No

Under the provisions of the *Family Education Rights and Privacy Act*

I have retained my right to access this recommendation.

I have waived my right to access this recommendation.

Applicant's signature _____ Date _____

I have read and agree to the above statement.

Name of recommender _____

To the recommender: Please complete **page 2** of this form, and ATTACH a narrative description (on letterhead) of the applicant. Describe evidence of the applicant's skills, academic background, temperament, and discipline to succeed in graduate study. If the candidate is applying for doctoral study, please include evidence of the applicant's teaching ability. ***NOTE:** The applicant is under deadline to provide this recommendation.

Upon completion, please mail page 1 and page 2, along with your letter of recommendation, to

**Graduate Admissions Processing
P.O. Box 35060
Syracuse University
Syracuse New York 13235-5060
USA**

Please place your signature across the envelope seal.

Name of recommender (please print) _____

Signature _____

Address _____

Position _____ Organization _____

How, where and when may we contact you if we have questions about your recommendation?

Work telephone number _____ E-mail _____

Alternate telephone number _____ Best time(s) to call _____

Date _____ Relationship to applicant _____

Familiarity with the applicant:

1.) How long have you known _____? _____ years _____ months
applicant name

2.) How well do you know the applicant? _____ very well _____ well _____ somewhat

3.) What was the nature of your interactions with the applicant?

Please give your appraisal of the applicant in terms of the qualities listed below. Rate the applicant in comparison with others applying for graduate study that you may have known in the applicant's proposed field of study. Syracuse University would like to thank you for your time and effort.

Applicant name _____	Top 3%	Next 10%	Next 20%	Middle third	Lowest	Unable to judge
Intellectual ability						
Analytical ability						
Imagination/creativity						
Organizational ability						
Written communication						
Oral communication						
Ability at solving complex problems						
Initiative						
Persistence/drive						
Maturity						
Ability to meet deadlines						

Overall Recommendation:

____ Strongly recommend ____ Recommend ____ Recommend with reservation ____ Do not recommend

Return to: Graduate Admissions Processing, P.O. Box 35060, Syracuse University, Syracuse New York 13235-5060