



**WRIGHT STATE
UNIVERSITY**

**Recommendation
for Admission**

**Biomedical Sciences
Ph.D. Program**
3640 Colonel Glenn Hwy.
Dayton, OH 45435-0001
(937) 775-2504
FAX (937) 775-3485

Applicant's name (please print)

Social Security number

I waive my right of access to this recommendation as it is used solely for the purpose of admission to the Wright State University Biomedical Sciences Ph.D. program.
(P.L. 93-380)

I do not waive my right of access.

Email _____

Applicant's signature

Date

This form should be filled out and mailed by the recommender. The person writing this evaluation should send it directly to the BMS program office. It should not be handled by the applicant. Return to the above address.

How well do you know the applicant and in what capacity? _____

Motivation for graduate study

- Exceptional Good, no major weaknesses Poor Not observed
 Weak in some respects such as _____

Potential for conducting independent research

- Outstanding Good, no major weaknesses Poor Not observed
 Weak in some respects such as _____

Communication

	Exceptionally good	Good to fair	Difficult to understand	No opinion
Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Work habits

- Works at full capacity Works well, has reserve capacity Satisfactory, but not best performance
 Inclined to "get by" Not observed

Interpersonal relationships with students in class

- Appropriate Poor Difficulties such as _____
 Not observed

Integrity and honesty

- Appropriate Poor Difficulties such as _____
 Not observed

Personality

- Satisfactory Objectionable

Maturity

- Mature Will mature well Immature Not observed

(Please complete reverse side)

I would be pleased to have this person as a graduate student working in my research laboratory.

Yes No Undecided

Please type below your evaluation of and your personal reaction to the applicant. Include any clarification for the previous ratings if you wish.

Among about _____ students I have known in this field, I would rank this applicant in the upper _____ percent.

My recommendation to the graduate school is

Very strong Strong Moderate Marginal I do not recommend

Email _____

Please print your name _____

Signed _____ Date _____

Title _____ Institution _____

Department _____ City/State/Zip _____