RECOMMENDATION FOR ADMISSION

Applicant’s name (please print) __________________________ UID __________________________

☐ 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)

Applicant’s signature __________________________ Date __________________________

This form should be filled out and sent by the recommender. E-mail it to wsugrad@wright.edu for Domestic applicants and international-admissions@wright.edu for International applicants. It should not be handled by the applicant.

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 ☐ ☐ ☐ ☐

☐ Written ☐ ☐ ☐ ☐

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
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, or you may attach a separate letter. 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

Please print your name_____________________________________________________________________________________

Signed____________________________________               Date__________________________________________________

Title________________________________               Institution_____________________________________________

Department__________________________________              City/State/Zip__________________________________________