

The Graduate School

DeKalb, Illinois 60115-2864



NORTHERN ILLINOIS
UNIVERSITY

Letter of Recommendation to Supplement Application for Admission

This section to be completed by the applicant before form is given to writer of recommendation.

Name of applicant _____ Social Security # _____

Degree sought _____ Department _____ Major/specialization _____

Public Law 93-380 permits the student to inspect this recommendation if the following waiver is not signed.
I voluntarily waive my right of access to this recommendation under Public Law 93-380 so that it may be kept confidential.

Original signature of applicant

Please rate the applicant. Compare with others of like experience and position. A letter may substitute for the portion of the form below, but should be attached to this form after the top portion is completed by the applicant.

	Upper 5%	Upper 10%	Upper 25%	Upper 50%	Lower 50%	No Basis For Judgment
Intellectual achievement						
General knowledge						
Oral communication skills						
Written communication skills						
Working with others						
Emotional maturity						
Imagination/creativity						

Context in which I have known applicant: _____ from _____ to _____

General assessment of overall academic ability: Of the approximately _____ persons at a comparable educational or professional level that I have known in recent years, I would rate this applicant in the upper _____ percent.

In addition, please write a statement below indicating your opinion of the applicant's ability to pursue advanced studies and achieve professional success in the field desired. Any pertinent information is valuable, but a specific evaluation of strengths and weaknesses is more helpful than general praise. Use reverse side if necessary.

Name _____ Original signature _____

Position _____ Address _____

Date _____

RETURN TO: The Graduate School
Northern Illinois University
DeKalb, Illinois 60115-2864

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