

Graduate School Recommendation Form

The University of North Carolina at Chapel Hill

Please mail recommendation directly to:

_____ (major name)

CB# _____, Chapel Hill NC 27599

(address must be provided by applicant)

SECTION I: to be completed by applicant.

Applicant's Name: _____

Major/Degree Intent: _____ (major) master's master's then doctorate doctorate

Term/Year of Entry: fall spring summer session I summer session II _____ (year)

In accordance with The Family Education Rights and Privacy Act of 1974, materials in students' files, such as recommendation forms, are open to inspection upon request, unless the student has waived the right of access in advance. Please indicate your wish by completing and signing the statement below. Your right to review the recommendation is considered waived if you do not respond.

I hereby waive my right to access retain my right to access. _____
applicant's signature

Note to applicant: Please be sure to provide the mailing address of the program to which you are applying in the box above. Recommendations are to be sent directly to the program to which you are applying, NOT to the Graduate School.

SECTION II: to be completed by recommender.

Please provide your candid evaluation of this applicant's ability to complete successfully the program of graduate study indicated. Use space on back of form, or attach letter, if necessary.

Ranking compared to students in comparable fields:

top 2%	top 10%	top 25%	top 50%	unable to rank
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Recommender's Name: _____ Position or title: _____

Institution: _____ Phone #: _____

Address: _____ Email: _____

Signature: _____ Date: _____

Please mail recommendation in sealed envelope to intended program at the address indicated above.