TO THE APPLICANT
Please write your name, student ID (if applicable), and email address and forward this form to the individual you have asked to provide your recommendation. The recommendation form should be returned directly to UNT Dallas.

Applicant name___________________________________________ Student ID_________________________________
(Please print clearly)

Email_____________________________________________________________________________________________

OPTIONAL WAIVER OF RIGHTS
Under the provision of the Family Education Rights and Privacy Act of 1974, students are given the right to inspect their records, including letters of recommendation. In order to encourage candor on the part of the individual completing this form, the student may choose to waive the right of access to this recommendation form. If you wish to waive the right to examine this recommendation form, and any attached letter submitted with it, please sign below. If left unsigned, you will have access to the form upon acceptance to the UNT Dallas School of Liberal Arts & Life Sciences.

______________________________________________________   __________________________________________
Applicant’s signature                           Date

TO THE PERSON COMPLETING THIS RECOMMENDATION
Thank you for taking time to assist the Admissions Committee in candidly evaluating the applicant named above, who is applying for admission to the UNT Dallas School of Liberal Arts & Life Sciences. We value your frank and thoughtful assessment of the applicant. This form is provided for your convenience only. Your comments are welcome in whatever format you think is suitable. In compliance with Section 504 of the Rehabilitation Act of 1973, those providing recommendations are asked not to refer directly or indirectly to the applicant’s handicap or physical disability.

Since the application for admission will not be considered until this form has been received, we request that the evaluation be given your prompt attention. We realize the time and effort that is involved in completing this recommendation. Please accept our thanks for your help in assessing the applicant’s qualifications.

When you have completed the recommendation form, please place it in an envelope, sign your name across the seal, and mail it to the address provided at the end of this form. Please retain a copy for your records.

Your full name: ____________________________________________________________________________________

Position/Title: ____________________________________________________________________________________

Organization: _____________________________________________________________________________________

Address: __________________________________________________________________________________________

Work Telephone: __________________________________________________________________________________
Applicant name _____________________________________________   Student ID _____________________________

1. How long have you known the applicant? ____________________________

2. In what capacity do you know the applicant? ____________________________

3. In evaluating the applicant, what reference group is your basis for comparison (e.g., master’s degree holders, employees, coworkers)?

4. For each of the qualities listed below, please rate the applicant on the following characteristics:

<table>
<thead>
<tr>
<th>Quality</th>
<th>Superior 96-100%</th>
<th>Excellent 90-95%</th>
<th>Good 75-89%</th>
<th>Average 50-74%</th>
<th>Poor 0-49%</th>
<th>Unable to Judge</th>
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<tbody>
<tr>
<td>Intellectual ability</td>
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<td>Analytical ability</td>
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<td>Creativity and imagination</td>
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<td>Written communication</td>
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<td>Oral communication</td>
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<td>Ability to work with others</td>
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<td>Leadership potential</td>
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<td>Motivation level</td>
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<td>Maturity level</td>
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5. Please comment on any strengths or weaknesses that you believe may affect the applicant’s performance in graduate studies or in a managerial position. 

__________________________________________________________________________________________
__________________________________________________________________________________________

6. Please make any additional comments that you believe may be helpful in evaluating the applicant.

__________________________________________________________________________________________
__________________________________________________________________________________________

Please indicate your overall recommendation for this applicant:

☐ Strongly recommend    ☐ Recommend    ☐ Recommend with reservations    ☐ Do not recommend

________________________________________________  ___________ _________________________
Signature  Date

Please fax, email, or mail this completed form to:

UNT Dallas
GradSchool@untdallas.edu
Office of Graduate Admissions
Admissions 7300 University Hills Blvd. Dallas, Texas
Fax 972.780.3636