

# Letter of Recommendation

## This Part to be Completed by the Applicant

Application term: Fall \_\_\_\_\_ Spring \_\_\_\_\_ (by petition only) 20 \_\_\_\_\_ Date: \_\_\_\_\_

Name, as given on the application \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Street City State Zip Code/Country (if not U.S.)

Phone \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Applicant's Statement:** I understand that this letter of recommendation is to be received and maintained in confidence by the Department of Biological Sciences, Sacramento State University, for admission consideration for graduate status. I hereby expressly waive any and all rights I might have of access to this evaluation under the Family Education Rights and Privacy Act of 1974, the California Information Practices Act of 1977, and any/or all other laws, regulations or policies. I understand that the rights I am waiving include, but are not limited to, the right to inspect and review this letter; the right to have a copy of this letter made for my use; and the right to request an amendment of this letter.

I agree to waive access to this statement from (Name of Recommender): \_\_\_\_\_

I **do not** agree to waive access to this statement from (Name of Recommender): \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*Please mail or give this form to your recommender*

RECOMMENDER - Please mail to: Graduate Secretary OR Return to applicant in a sealed envelope  
Department of Biological Sciences and sign over the seal.  
California State University, Sacramento  
6000 J Street  
Sacramento, CA 95819-6077

## This Part to be Completed by the Recommender

**To the Recommender:** We would appreciate your opinion of \_\_\_\_\_, an applicant for graduate admission to the Dept. of Biological Sciences Graduate Program. The Department is interested in an evaluation of the applicant's potential for academic and professional achievement in the Biological Sciences. Explicit description of academic strengths and weaknesses is more helpful to the candidate than routine praise. Comments about character, integrity, or motivation are also appreciated, if pertinent. The experience upon which your opinion is based should be described. Rankings should be related to other students in the same class or academic program or other persons of comparable experience. **Please attach your recommendation to this completed document.**

	Top 5%	Top 10%	Top 25%	Average	Below average	Cannot judge
Intellectual ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Able to work independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Imagination and creativity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability in oral expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Critical thinking skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Analytical ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How long have you known this applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Recommender's Name (Please Print)

Position or Title

Name and Address of Institution or Business

Phone

E-mail

Signature

Date