

**REQUEST FOR RECOMMENDATION**

Semester \_\_\_\_\_

**THIS SECTION MUST BE FILLED OUT BY THE APPLICANT BEFORE GIVING THIS FORM TO THE PERSON WRITING THE RECOMMENDATION**  
 A STAMPED ENVELOPE ADDRESSED AS INDICATED IMMEDIATELY BELOW SHOULD ALSO BE PROVIDED TO THE RESPONDENT.  
**Your Social Security Number (SSN) or UTD Identification Number (ID) is being requested because it is a unique ID which is maintained for the purpose of accuracy in tracking information. The disclosure of such information is voluntary. Disclosure of your SSN or UTD ID is governed by the Public Information Act (Chapter 552 of the Texas Government Code).**

SOCIAL SECURITY # \_\_\_\_\_ PRINT NAME \_\_\_\_\_

STREET ADDRESS 1 \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

STREET ADDRESS 2 \_\_\_\_\_ PROVINCE \_\_\_\_\_ COUNTRY \_\_\_\_\_

**\*REQUIRED\*** I AM APPLYING FOR ADMISSION TO THE UNDERGRAD PROGRAM AT THE UNIVERSITY OF TEXAS AT DALLAS IN THE FIELD OF \_\_\_\_\_

IN COMPLIANCE WITH THE FEDERAL PRIVACY RIGHT OF PARENTS AND STUDENTS (BUCKLEY AMENDMENT), ANY RECOMMENDATION OR LETTER (THAT BECOMES A PART OF THE RECORD FOR ENROLLED STUDENTS) WILL BE AVAILABLE TO THE STUDENT, UNLESS THE STUDENT HAS SIGNED A WAIVER OF THE STUDENT'S RIGHT OF ACCESS. IF YOU WISH TO WAIVE YOUR RIGHT OF ACCESS TO THIS LETTER, PLEASE SIGN.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**THE REST OF THIS FORM SHOULD BE COMPLETED BY THE PERSON MAKING THE RECOMMENDATION (RESPONDENT)  
 RETURN IT AT YOUR EARLIEST CONVENIENCE TO:**

THE UNIVERSITY OF TEXAS AT DALLAS  
 OFFICE OF ENROLLMENT SERVICES, HH10  
 800 W CAMPBELL RD  
 RICHARDSON, TX 75080-3021

IF YOU WOULD PREFER TO WRITE A LETTER, EITHER IN ADDITION OR IN PLACE OF THIS FORM, PLEASE FEEL FREE TO DO SO.

**A) KNOWLEDGE OF THE APPLICANT**

- Approximately how long have you known the applicant? \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS
- How well do you feel you know the applicant? Casually  Well  Very Well
- What was the nature of your contact with the applicant? (check all that apply)  
 Teacher in one class  Teacher in more than one class  Employer   
 Research Advisor  Major Advisor  Other  (Specify) \_\_\_\_\_

**B) RELATIVE RATINGS OF THE APPLICANT**

In the areas indicated below, please keep in mind the group with which you are comparing the applicant. (High School seniors, transfer students, or other)

REFERENCE GROUP: \_\_\_\_\_

- Of the students in this group, in intellectual ability I consider the applicant to be in the:  
 LOWEST 25%  UPPER 25%  UPPER 5%  INADEQUATE OPPORTUNITY  
 MIDDLE 50%  UPPER 10%  UPPER 1%  TO OBSERVE APPLICANT

- Applicant's promise as a graduate student

	EXCEPTIONAL	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO INFORMATION
ANALYTICAL ABILITY					
FOREIGN LANGUAGE ABILITY					
KNOWLEDGE OF FIELD					
TEACHING ABILITY					
WRITING ABILITY					
ABILITY TO EXPRESS IDEAS					
ABILITY TO WORK WITH OTHERS					
EMOTIONAL MATURITY					
MOTIVATION TO WORK					
NATIVE INTELLECTUAL ABILITY					
ORIGINALITY					
RESEARCH APTITUDE					

3. In your opinion, is the applicant's scholastic record, as you know it, an accurate index of this student's scholastic ability?  
Yes  No  Inadequate opportunity to observe  *If Your Answer Is "No", Please Explain Briefly.*

4. Please express your views on any of the items rated under item number 2 and on any other relevant abilities about which you have knowledge (e.g. ability to organize and express ideas clearly, orally and in writing.)

5. What, in your judgment, is the success level of the applicant?

DEFINITELY DOCTORAL LEVEL  PROBABLY DOCTORAL LEVEL   
PROBABLY DOCTORAL LEVEL  PROBABLY BELOW MASTERS LEVEL   
DEFINITELY MASTERS LEVEL  DEFINITELY BELOW MASTERS LEVEL

6. In summary, I would give a: VERY STRONG  STRONG  AVERAGE  NO RECOMMENDATION   
RECOMMENDATION WITH RESERVATION (PLEASE SPECIFY)  \_\_\_\_\_

SIGNATURE OF RESPONDENT _____		DATE _____		
NAME PRINTED OR TYPED _____		TITLE _____		
INSTITUTION _____		PHONE _____		
STREET ADDRESS _____				
_____				
CITY	STATE	ZIP	PROVINCE	COUNTRY

**With few exceptions, you are entitled at your request to be informed about the information UTD collects about you. Under Sections 552.021 & 552.023 of the TX Govt. Code, you are entitled to receive and review the information. Under Section 559.004 of the TX Govt. Code, you are entitled to have UTD correct information about you that is held by us and that is incorrect.**