

# Graduate School Request for Recommendation

The University of Texas at Dallas

Please mail recommendation directly to:

\_\_\_\_\_ (program advisor)  
\_\_\_\_\_ (program name)  
800 W Campbell Rd, Mail Station \_\_\_\_\_  
Richardson, TX 75080-3021

## 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 \_\_\_\_\_ (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 date

## 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 a sealed envelope to the address indicated above. Recommendations can be sent directly to the program office.**