

DEPARTMENT OF GEOGRAPHY

University at Buffalo, State University of New York

APPLICATION FOR ADMISSION: RECOMMENDATION FORM

Name of applicant: _____
(last) (first) (middle initial)

Name of recommender: _____
(last) (first) (middle initial)

Degree sought: BA/MA MA MA/MBA PhD

Instructions: *Please request recommendations from professors familiar with your academic work. If you have not attended school for a long time, you may solicit recommendations from work supervisors.*

Waiver of Right of Access to Confidential Statements

I have asked _____ to write a letter of recommendation for me in support of my application/consideration for admission to an educational institution. I hereby waive my right to inspect the letter that appears on this form and attachments of continuation. I understand I may not be required by the institution to waive that right as a condition for admission.

(date) _____ (Student's signature) _____

If the student does not sign the above waiver statement, the law specifically reserves to the student the right of access to the letter in question.

If the recommendation is from a professor, provide the following information:

COURSE NAME	COURSE NUMBER	SEMESTER/YEAR	GRADE

If the recommendation is from a work supervisor, provide the following information:

NAME OF FIRM	LOCATION	POSITION HELD	DATES

To the person completing this form:

The student named above has applied for graduate admission to the Department of Geography. Please complete this personal reference form and return it as soon as possible to

Graduate Studies, Department of Geography
University at Buffalo, The State University of New York
105 Wilkeson Quad, Buffalo NY 14261, USA

If you have not had the applicant as a student, you may prefer to write a separate letter and attach it to this form. If you do not know this student well, please feel free to say so; such frankness will not prejudice the candidate's chance of admission.

1. I have verified that the information concerning prior contact with this person is correct: Yes No

2. I do not know the student well enough to give him/her a recommendation.
 If you check this box, please sign below and return this form to us.

3. If you are a faculty member, would you be pleased to have this person as your advisee? Yes No

4. Are you familiar with the applicant's academic record? Yes No
 If yes do you believe that the academic record fairly reflects the student's scholastic ability? Yes No

5. In terms of academic ability and promise for future research, how do you rate this applicant?

- Top one percent
- Top ten percent
- Top quartile
- Third quartile
- Lowest half

6. I recommend this person for admission:

- Strongly recommend
- Recommend
- Recommend with reservation
- Do not recommend

7. Would you please comment below upon the applicant's intellectual independence, critical and analytical thinking, and writing ability?

8. If the student is not a native English speaker, please comment on his/her ability to communicate, both orally and in writing, in English.

9. How would you rate the applicant on the following characteristics?

	excellent	good	average	below average	low	unknown
Leadership						
Imagination						
Initiative						
Emotional stability						
Oral and writing skills						
Persistence and work ethic						
Ability to work with others						

10. Other Comments: (Please use an additional sheet or attach a letter if you wish.)

Signature _____ Date _____

Name _____ Title _____
 (please print or type)

Institution _____

Address _____

Email _____ Telephone _____