



# THE UNIVERSITY OF SOUTHERN MISSISSIPPI

## RECOMMENDATION FOR ADMISSION FOR GRADUATE STUDIES AND ASSISTANTSHIPS

Send this for to the department or school listed below.

### To the Applicant:

This form must accompany an attached letter. Detach this form and make two additional copies of this form. Complete Part A, including your signature, on all three copies. Send the forms to the evaluators with a stamped envelope addressed to the **DEPARTMENT** or **SCHOOL** to which you are applying (see directory for addresses or check with department). If applying to more than one department, please have letters sent to each department. The addresses are on page two of the application packet. Please type or print in black ink.

### Part A: To be completed by the applicant

Legal Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last (Family) First Middle Maiden/Other Names Used

Address \_\_\_\_\_  
Street City State ZIP (9 digits) Country

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ E-mail  
Telephone (day) Telephone (evening)

Department/School and Area of Study \_\_\_\_\_ Degree Sought \_\_\_\_\_

Department/School Address \_\_\_\_\_  
(Send forms here) Street City State ZIP

Date Letter Must Be Received \_\_\_\_\_

Person Writing the Letter \_\_\_\_\_

- I waive the right provided by the Family Educational Rights to Privacy Act of 1974 (Buckley Amendment) to view this letter of recommendation in my file at The University of Southern Mississippi.
- I do not wish to waive this right. Rather, I wish to retain the right to view this letter in my file at The University of Southern Mississippi.

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

### To the Evaluator:

Please complete Part B on the back of this form. Letters of recommendation are important factors in the admission process, and we appreciate your assessment of the applicant's readiness for graduate study. **Please type or print in black ink. Send this form and the letters of recommendation to the DEPARTMENT or SCHOOL listed above.**

**Part B: To be completed by the evaluator.**

**Return this form and any additional sheets to the department listed on the other side of this form. Please fill out the information requested below and provide additional comments about the applicant that you deem appropriate. We must receive a recommendation to process the application. If you have any questions you may contact the University Director of Graduate Studies 601.266.4369.**

**1. Please use the space provided below or separate sheets if you desire to address the following with respect to the applicant:**

- (a) Knowledge in chosen field, analytical ability, ability to plan and conduct research, creativity, imagination, and intellectual ability
- (b) Motivation, perseverance toward goals, ability to work independently and potential for success in career field
- (c) Ability to express thoughts clearly in spoken and written English, ability to work with others and potential for college teaching

2. How long and in what capacity have you know the applicant? \_\_\_\_\_

3. Out of approximately \_\_\_\_\_ persons I have taught/advised at this educational level during the past \_\_\_\_\_ years,

I would rank this applicant in the upper \_\_\_\_\_ percent on the basis of potential to achieve a \_\_\_\_\_ degree.

4. Please indicate the strength of your overall endorsement of the applicant by placing an "X" along the scale.

\_\_\_\_\_ Highly Recommended                      Recommended                      Recommended with Some Reservations                      Not Recommended

Signature \_\_\_\_\_ Title/Position \_\_\_\_\_ Date \_\_\_\_\_

Institution/Organization \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ ZIP \_\_\_\_\_