



The University of Southern Mississippi
Graduate Studies – Box 10066, Hattiesburg, MS 39406-10066

Recommendation for Admission to Graduate Studies and for Assistantships

To the Applicant:

*Detach this form and make two additional copies of this form; complete Part A, including your signature on all three copies; and 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). 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

() () _____
Telephone (day) Telephone (evening) E-mail

Department/School and Area of Study _____ Degree Sought _____

Department/School Address: _____
P.O. Box 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 back 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 letter 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 Assistant Provost at (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, potential for success in career field and
 - (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 known 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 code