

Recommendation Form

Department of Biological Sciences – University of Pittsburgh
A234 LANGLEY HALL
Pittsburgh, PA 15260

Please include your letter of recommendation with this form

To The Applicant: Fill Out This Section And Sign Your Name

(Name of applicant) _____ is applying for admission to the _____ (M.S./Ph.D.) program in the Department of Biological Sciences at the University of Pittsburgh. We would appreciate your views concerning the applicant's suitability for graduate study in this field, and potential as a scholar and teacher.

The *Family Rights and Privacy Act of 1974* provides that applicants have the right of access to (*i.e.*, are able to read and to arrange to purchase a personal copy of) reference letters written after January 1, 1975 unless they choose to give up that right. Prior to submitting this form to a reference writer, the applicant must indicate whether they wish to be able to see the letter. **IMPORTANT:** Letters received which do not have the following choice indicated and signed by the applicant will be treated as "non-confidential" and will be available to be reviewed by the applicant.

I DO _____ DO NOT _____ give up the right of access to this reference letter.

Applicant's Signature _____

To The Referee: Complete This Section And Attach Your Letter Of Recommendation

I rank this student in the top _____ % of approximately _____ students I have taught in _____ years.

	Upper 5 %	Upper 10%	Upper 25%	Upper Half	Lower Half	No basis for Judgement
Intellectual Ability						
Breadth of General Knowledge						
Oral Expression						
Writing Ability						
Perseverance						
Emotional Maturity						
Potential for Research						
Potential as a Teacher						

Signature

Name (*Typed or printed*)

Date

Position

Institution

Address

City

State

Zip Code