

RECOMMENDATION TO SUPPLEMENT APPLICATION FOR AN ASSISTANTSHIP

INSTRUCTIONS – This is a PDF Form. If completed as such and signed digitally by both the Applicant and Recommender, the Recommender can email the completed form to Physics@UAH.edu. If either or both signatures are not digital, mail the form to the address above.

PART I – TO BE COMPLETED BY APPLICANT

NAME OF APPLICANT _____
 LAST FIRST MIDDLE

INTENDED FIELD OF STUDY IN PHYSICS _____

Under the federal Family Education Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. It is your option to waive your right to review these recommendations or to decline to do so. Please mark the appropriate box below and sign your name. Complete this before giving to the person writing the recommendation.

- I waive my right to review this recommendation.
 I do not waive my right to review this recommendation.

 Signature of Student Date

PART II – TO BE COMPLETED BY PERSON GIVING THE RECOMMENDATION

RECOMMENDER: Under the provision of the Family Educational Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided unless he or she has waived such access.

Please rate the applicant in the section below. Indicate your basis for comparison with the approximately _____ other students you have known:
 Graduating Seniors First Year Graduate Students All Students I have known Other _____

Also, on the next page, please elaborate on any of these items or others you think are important in our decision. Address fluency in English (if not native speaker), capabilities as a teaching assistant, and whether you would offer him or her an assistantship in your Graduate Program (if applicable).

| | Upper 1 or 2% | Upper 5% but not upper 1-2% | Upper 10% but not upper 5% | Upper 25% but not upper 10% | Upper half but not upper 25% | Lower Half | No basis for judgement |
|---------------------------------------|---------------|-----------------------------|----------------------------|-----------------------------|------------------------------|------------|------------------------|
| Motivation for Graduate Study | | | | | | | |
| Intellectual Ability | | | | | | | |
| Oral Expression | | | | | | | |
| Written Expression | | | | | | | |
| Working with Others | | | | | | | |
| Ability to Work Independently | | | | | | | |
| Emotional Maturity | | | | | | | |
| Imagination and Creativity | | | | | | | |
| Promise as an Instructor | | | | | | | |
| Overall Expectation for Graduate Work | | | | | | | |

The University of Alabama in Huntsville
Department of Physics
Attn: Graduate Recommendation
Huntsville, AL 35899

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In the box below, please elaborate on your ranking in the previous page, and provide any other information you think important.

NAME: _____ DATE: _____

POSITION: _____ ADDRESS: _____

INSTITUTION: _____

SIGNATURE: _____

EMAIL: _____

PHONE: _____