

The University of Oklahoma

DEPARTMENT OF PHYSICS AND ASTRONOMY

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TO BE FILLED OUT BY APPLICANT

NAME: _____
(please print) LAST FIRST

I hereby waive my rights of access to this confidential recommendation as provided in the Educational Rights and Privacy Act of 1974.

APPLICANT SIGNATURE: _____

TODAY'S DATE: _____

RECOMMENDATION

Supplement to Application for Graduate Study in the Department of Physics and Astronomy

The Graduate Selection Committee of the Department of Physics and Astronomy would be grateful for your evaluation of the applicant named above. Please send this form, along with your evaluation letter, to: GRADUATE SELECTION COMMITTEE, University of Oklahoma-Dept. of Physics/Astronomy, 440 West Brooks-room 131, Norman OK 73019-2061 USA, or send the items via fax or e-mail to the numbers listed in the heading.

Please provide your evaluation of the applicant's strengths and weaknesses insofar as they pertain to his/her ability to successfully carry out advanced study in physics and astronomy. The basis for your evaluation would also be appreciated, as would comments on this applicant's abilities as compared to those of other students you have know.

Please rate the applicant in the section below, indicating your basis for comparison:

Graduating Seniors _____

First Year Graduate Students _____

All Students I have Known _____

Other _____

	Upper 1%-2%	Upper 10%	Upper 25%	Upper Half	Lower Half	No Basis for Judgment
Apparent Intellectual Ability						
Potential in Field						
Oral Expression						
Written Expression						
Working with Others						
Emotional Maturity						
Imagination & Probable Creativity						
Enthusiasm						
Promise as a Teacher						

(Please Print)

NAME _____ DATE _____

POSITION _____ SCHOOL _____

SIGNATURE _____ TELEPHONE _____

Please supply a written evaluation of the applicant in addition to this form. Thank you.