

THE UNIVERSITY OF OKLAHOMA

HOMER L. DODGE DEPARTMENT OF PHYSICS AND ASTRONOMY

RETURN E-MAIL: **PA-Grad@ou.edu**

RECOMMENDATION FORM

TO BE COMPLETED BY THE APPLICANT

NAME: _____
 (please print) LAST FIRST

APPLICANT EMAIL: _____

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: _____

The Graduate Recruiting & Selection Committee of the Department of Physics and Astronomy would be grateful for your evaluation of the applicant named above. Please email this form along with your evaluation letter to PA-Grad@ou.edu

Please indicate the basis for your comparison of the applicant:

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
Intellectual Ability						
Potential in Field						
Oral Expression						
Written Expression						
Working with Others						
Working Independently						
Emotional Maturity						
Creativity						
Enthusiasm						
Promise as a Teacher						

(Please Print)

Recommender's Name _____

Recommender's Email and Contact Phone _____

Recommender's Affiliation _____

SIGNATURE _____

Please supply a written evaluation of the applicant as separate attachment (recommendation letter) and send both documents by email to:

PA-Grad@ou.edu.