

OFFICE OF GRADUATE STUDIES AND RESEARCH
 THE UNIVERSITY OF LOUISIANA AT MONROE
 MONROE, LOUISIANA 71209

GRADUATE ASSISTANTSHIP RECOMMENDATION FORM

(Please Print or Type.)

ATTENTION: Please Read Instructions and Sign Statement on Reverse Side.

TO THE APPLICANT: This form should be given to a person under whose direction you have studied or worked and who is able to comment on your qualifications to hold a graduate assistantship. You must complete lines 1-5.

1. Name _____ Date _____

2. Your mailing address _____

3. Academic Unit in which you wish to hold the assistantship: _____

4. Proposed Graduate Degree Program and Major

a. Degree _____ Major _____

5. Name and address of person completing this form

_____ Telephone # () _____

TO THE SPONSOR COMPLETING THE RECOMMENDATION FORM:

1. Please rate the applicant with others of comparable age and academic level.

	Lower Third	Middle Third	Upper Third	Upper 10%	Upper 5%	Not Able To Judge
General Mental Ability						
Competence in Chosen Field						
Motivation plus Diligence						
Potential as Research Scholar						
Potential as Teacher						

2. Please indicate why you are recommending the applicant. If desired, please append a second sheet.

 Signature of Sponsor _____
 Date

CONFIDENTIAL USE: MAIL TO ACADEMIC UNIT IN WHICH ASSISTANTSHIP IS DESIRED.

(SEE OTHER SIDE)

TO THE APPLICANT:

Please give one of these forms to each of the sponsors you select. (A minimum of three is required.) For the convenience of your sponsors, please include a stamped envelope addressed to the academic unit in which you hope to hold the assistantship. Some instructors or employers, in preparing evaluations of the students whom they know, prefer to preserve the confidentiality of any statements they make. In order to elicit the most candid evaluations possible from your sponsors who prefer to respond confidentially, we offer you the opportunity of signing a waiver below. Your decision not to sign the waiver will not prejudice your chances for an assistantship.

APPLICANT’S STATEMENT OF INTENTION REGARDING RECOMMENDATION FORM:

I, the undersigned, herewith () Do Waive () Do Not Waive all rights at any time to examine, review, or read this rating sheet or copies thereof, which are written for, or contained in, The Graduate File at The University of Louisiana at Monroe, Monroe, Louisiana.

Signature of Applicant Date

TO THE SPONSOR:

As required by U. S. Public Law 98-380 as amended by PL 93-568 (Buckley Amendment), a student may elect to waive or not to waive the right of viewing this rating sheet. If the applicant does not waive the right to view it, you should consider the sheet non-confidential and, of course, are at liberty to return the form uncompleted. Your attention is directed to the applicant’s signature and statement of intention.

Return completed recommendation form as soon as possible to:

Academic Unit in Which Assistantship is Desired
The University of Louisiana at Monroe
700 University Avenue
Monroe, LA 71209