Letter of Recommendation to THE GRADUATE SCHOOL,
The University of Maine, 5755 Stodder Hall, Room 42, Orono, ME 04469-5755
Telephone: (207) 581-3220 Email: graduate@maine.edu

This section to be filled in by applicant. *(Please print or type.)* Maiden/Former Name_____

DATE OF BIRTH_____ / _____ / _____
Month Day Year

_____
Last Name First Name Middle Name Department Degree Sought

The Family Education Rights and Privacy Act of 1974 (P.L. 93-380) gives students access to information in their application files. However, to ensure that references will be free to write a candid letter of recommendation, an applicant may waive the right to see letters of reference. If you wish to voluntarily waive this right, please sign below:

Signature_____ Date_____

To be completed by recommender and returned directly to The University of Maine Graduate School.

This recommendation may be used for: ____ All UM graduate programs ____ The following UM graduate programs

Please list: _____

This recommendation may be used for: _____ The current academic year _____ 2 years _____ Indefinitely

What is your estimate of the applicant's promise as a graduate student and promise of professional success? What are the applicant's greatest strengths and weaknesses? Please state the extent of your acquaintance with the applicant. If possible, please compare the student with any others in the same field at a similar stage in his/her career. Please give your evaluation of the applicant's qualifications for an assistantship. If you prefer to write a personal letter rather than use this form, please feel free to do so, and attach your letter to this form.

Summary Evaluation: In comparison with a representative group of students in the same field who have had approximately the same amount of experience and training, how do you rate the applicant in:

	BELOW AVERAGE	AVERAGE	SOMEWHAT ABOVE AVERAGE	GOOD	UNUSUAL	OUTSTANDING	TRULY EXCEPTIONAL	UNABLE TO JUDGE
	Lowest 40%	Middle 20%	Next 15%	Next Highest 15%	Highest 10%			
Academic Ability and Potential for Graduate Work								
Motivation for the Proposed Program of Study								

_____ _____
Signature Title

_____ _____
Name – Please Print or Type Institution

_____
Date