

To the applicant: This form is to be filled out by a professor or supervisor under whom you have studied, taught or worked, and who is able to comment on your qualifications for graduate study. Please fill in the first section of this form online or print neatly in the fields below.

| Applicant UFID (if known) | Applicant Last Name | Applicant First Name | Applicant Middle Name |
|---------------------------|---------------------|----------------------|---------------------------|
| | | | |
| Applicant Address | | | |
| | | | |
| Major Department | | Degree Goal | |
| | | | |
| Name of Recommender | Title | | Institution or Enterprise |
| | | | |

If you are admitted to the University of Florida, you have the right, as a student, to review your permanent record, including this recommendation form, on file with the university. Some people prefer not to complete recommendation forms unless they can be assured of the confidentiality of their comments. It is our opinion that comments provided on a confidential basis are likely to be more helpful to us in judging important characteristics such as creativity, originality, independence and research capability. Therefore, the university is affording you the opportunity to waive your right of subsequent access to this recommendation letter form. In any event, your application for admission and/or financial support will be given full consideration based on all the information accumulated in your application file, including this form, regardless of your decision on waiving your right of future review.

Do you waive your right of subsequent access to this recommendation letter form? Yes No

APPLICANT SIGNATURE _____

DATE _____

TO CLEAR ALL ENTRIES ABOVE AND RESET THIS FORM, CLICK [HERE](#).

To the recommender: Please rate the applicant with others of the same age and academic level. It is important to the applicant that you give a percentage rating on the grid below as well as a written evaluation. If you are not able to judge in any category, please explain why.

| | LOWER THIRD | MIDDLE THIRD | UPPER THIRD | TOP 10% | UPPER ____% | NOT ABLE TO JUDGE |
|---|-------------|--------------|-------------|---------|-------------|-------------------|
| Competence in his/her chosen field | | | | | | |
| Motivation and diligence | | | | | | |
| Creativity or research potential | | | | | | |
| Intellectual ability and critical thinking | | | | | | |
| Potential as a teacher | | | | | | |
| Emotional maturity | | | | | | |

Please use the rest of this form for a written evaluation of the applicant's suitability as a graduate student. How long have you known the applicant, and in what capacity? (If desired, attach a letter typed on letterhead.)

RECOMMENDER SIGNATURE _____

DATE _____

PLEASE MAIL THIS FORM DIRECTLY TO THE APPLICANT'S MAJOR DEPARTMENT AT THE UNIVERSITY OF FLORIDA (GAINESVILLE FL 32611 USA)