

LETTER OF RECOMMENDATION

I. TO THE APPLICANT: Please complete this section:

Print _____
(Last Name) (First) (Middle)

Waiver of Right of Access to Confidential Statements:

"I have asked _____ to write a letter of recommendation for me in support of my background and experience. I hereby waive my right to inspect which appears on this form and attachments of continuation. I understand I am not required by the institution to waive that right."

(Signature)

II. **TO THE PERSON WRITING THIS LETTER OF RECOMMENDATION:**

The Physics Department would appreciate a confidential statement from you concerning the applicant named above. Please write intimately and analytically about the applicant's potential for independent study and research, promise as a scholar, character, and personality. It would be helpful to us to know how long and in what capacity you have known the student. Use reverse side if necessary or attach separate statement.

Please rate applicant against your students in comparable fields in recent years:

	Lowest 50%	Next Highest 30%	Next Highest 15%	Top 5%	Unable to Judge
a. Native intellectual ability					
b. Ability to express orally					
c. Ability to express in writing					
d. Imagination and creativity					
e. Motivation for graduate studies					

Signature _____ Date _____

Position _____ at _____

Address _____

Telephone _____ E-mail _____

CONFIDENTIAL-DO NOT RETURN TO APPLICANT. Mail directly to: Director of Graduate Studies
Physics Department
239 Fronczak Hall
Buffalo, NY 14260-1500

Tel: (716) 645-2017, Fax: (716) 645-2507: E-mail ubphysics@buffalo.edu; URL: <http://www.physics.buffalo.edu>