

Applicant Name _____
Last First Middle

Applying for admission to study in the program: _____
 at Purdue University for study toward the following degree: _____

Recommender Name _____

Title or Position _____ Institution or Affiliation _____

Address _____

City _____ State _____ Zip _____ Country _____

Telephone Number _____ E-mail Address _____

Under the federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation.

- This applicant waived his/her right to review this recommendation.
- This applicant did not waive his/her right to review this recommendation

Evaluation of Applicant

On the following scale, please rank the applicant against other students in comparable fields and indicate the comparison group:

Comparison Group _____	<i>Exceptional (highest 1-2%)</i>	<i>Outstanding (highest 5%)</i>	<i>Very Good (highest 10%)</i>	<i>Good (upper 25%)</i>	<i>Average (upper 50%)</i>	<i>Below Average (lower 50%)</i>	<i>Not Applicable</i>
Analytical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantitative Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Command of Field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity/Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Best student this year Best student in 5 years Best student in ___ years Not applicable

Signature: _____ Date: _____

Applicant Name _____

How Long Have You Known The Applicant?:

Outstanding Characteristics:

Weaknesses: