



THE GRADUATE SCHOOL
CLEMSON UNIVERSITY

GSL - RECOMMENDATION FOR GRADUATE SCHOOL ADMISSION

INSTRUCTIONS (THIS FORM MAY ALSO BE USED AS A RECOMMENDATION FOR FINANCIAL ASSISTANCE.)

Please refer to the instructions sheet accompanying the application for identification of those degree programs for which recommendations are required. If required, please complete the section above the dashed line, and forward this form to the recommender for completion, allowing time for the recommender to return it to the Graduate School by four weeks prior to the matriculation date. For the convenience of the recommender, you should include a stamped envelope. **Also, note the waiver below.**

RECOMMENDATION ON BEHALF OF

Name Mr. Ms. (Print) _____
(Last) (First) (Middle)

Social Security or NR # _____ CUID# _____

Proposed major _____ Degree sought _____

APPLICANT'S WAIVER OF RIGHT OF ACCESS TO CONFIDENTIAL STATEMENT

Under the Family Educational Rights and Privacy Act of 1974, a student enrolled at Clemson University has access to his or her educational records. We comply with this law, while still allowing the student the option of waiving the right of access. If you wish to waive the right to examine this recommendation, please sign. If left unsigned, you will have access to this document upon enrollment at Clemson University. The alternative you choose in no way affects our consideration of your application.

I hereby freely and voluntarily waive my right to any information contained on this recommendation form submitted by

(Name of recommender; provided by applicant)

(Signature of applicant)

(Date)

TO THE RECOMMENDER

Because of federal legislation giving students access to educational records, the Clemson University Graduate School cannot guarantee the confidentiality of your statement unless the applicant has signed the waiver printed above.

1. Knowledge of the Applicant

Approximately how long have you known the applicant? _____ Years

How well do you feel you know the applicant? Casually Well Very Well

What was the nature of your contacts with the applicant? Teacher in One Class Teacher in More Than One Class

Employer Research Advisor Major Advisor Other (specify) _____

2. Relative Rating of the Applicant. Please rate the applicant in the areas indicated below by comparing him or her to the reference group you specify (college seniors, graduate students in past 10 years, employees, etc.).

	Top 1-2%	Top 5%	Top 10%	Top 25%	2nd 25%	3rd 25%	Last 25%	Unable To Rate
Knowledge in subject of proposed study								
Ability to grasp new concepts								
Originality, intellectual creativity								
Mathematical and logical thought								
Written expression								
Oral expression								
Laboratory skills (if applicable)								
Perseverance toward goals								
Potential as a teacher (if applicable)								
Potential in research (if applicable)								
Ability to get along with others								
Ability to analyze problems and formulate solutions								

3. Some gifted individuals demonstrate comparatively low achievement in scholastic records. In your opinion, is the applicant's scholastic record, as you know it, an accurate index of his or her scholastic ability?

Yes No Don't Know If your answer is "No", please explain briefly.

4. Do you have any information related to character and temperament or to any impairments that should be considered by an admissions committee or should be taken into account in planning the student's graduate work?

5. Please express your views on any of the items 1-4 and on any other relevant abilities about which you have knowledge (e.g., ability to organize and express ideas clearly, orally and in writing; accomplishments in thesis or published works).

6. Summary

- Recommend enthusiastically
- Recommend with confidence
- Recommend
- Recommend with reservation
- Not recommended

Signature _____
Name _____
Title _____
Department _____
Organization _____
City and State _____ Zip Code _____
Date _____

To Recommender: Please return this recommendation form in a sealed envelope to the applicant so that he or she may enclose it in the application packet to be returned to Clemson University Graduate Admissions. Or mail it directly to our office at the following address:

**Clemson University Graduate Admissions
103 Sikes Hall
Clemson, SC 29634**

This form is not required if you have completed the online version.

