

Letter of Recommendation To Applicant: copy this form as needed.

Please return to the applicant by _____ (Applicant: Write in a date that will allow you to complete the application by the deadline.)
MONTH/DAY/YEAR

To be filled in by applicant (Please print or type.)

Name _____ U.S. Social Security Number _____ - _____ - _____
LAST (FAMILY) NAME FIRST NAME (OR TUFTS STUDENT ID)

Name of Recommender _____

In accordance with the 1974 Family Educational Rights and Privacy Act, these Recommendations will become part of your application file. They will be used only for the purposes specifically intended. If you matriculate, you will be granted access to them unless you voluntarily waive your right of access.

Please check one of the boxes below.

- I waive I do not waive my right to read this letter.

Signature _____

To the recommender: Please use the checklist below to facilitate your reply.

PERSONAL CHARACTERISTICS	TOP 5%	TOP 10%	TOP 25%	TOP HALF	LOWER HALF	NO BASIS FOR JUDGMENT
Intellectual Ability						
Motivation and Diligence						
Emotional Stability and Maturity						
Ability to work with others						
Ability to communicate effectively						
Leadership						

How long and in what capacity have you known the applicant?

Please attach a letter elaborating on your opinion of the applicant. We encourage you to discuss the applicant's strengths and weaknesses. In addition, you may evaluate this person's general intellectual ability; analytical abilities, as well as critical powers of reasoning; and competence in group discussion, oral reporting, and written work. Please do not submit this form without attaching a written evaluation of the applicant.

If the applicant's native language is not English, please assess the applicant's proficiency in oral and written communication. Please comment if the applicant's English proficiency is adequate for the demands of this program.

Please provide an overall estimate of the candidate's potential as a student in this program.

- Exceptionally qualified Highly qualified Qualified Somewhat Qualified Not qualified

Signature _____ Name: (Please print) _____

Position _____

Address _____

Telephone (_____) _____ Date _____

Please return to the applicant in a sealed envelope and sign across the seal.