

# WESTERN MICHIGAN UNIVERSITY

**LETTER OF RECOMMENDATION**

This section to be filled in by applicant. (Please type or print.)

**NOTE TO APPLICANT:**

Please make additional copies of this form: three letters of recommendation are required for each application.

Name of Applicant \_\_\_\_\_  
**LAST**
**FIRST**
**MIDDLE**

Proposed Program of Study \_\_\_\_\_

Name of Referee \_\_\_\_\_  
**LAST**
**FIRST**

Position, Title, University \_\_\_\_\_

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are permitted to waive their right of access to recommendations. The following statement indicates the wish of the applicant regarding this recommendation:

I waive       I do not waive      my right to inspect the contents of the following recommendation.

**SIGNATURE**

**DATE**

**NOTE:** This waiver is not required as a condition for admission to or receipt of financial aid or any other services and benefits from Western Michigan University.

**TO THE REFEREE:** We would appreciate your opinion of this applicant for graduate study, including comments on strengths and weaknesses, creativity, initiative, and aptitude for advanced study. For how long and in what capacity have you known the applicant? How does the applicant compare to students who have attended graduate school in recent years? Any other relevant information you care to include will be welcome. Please respond to these questions either on the back of this form or write a personal letter and attach this form to your letter.

Please rate the applicant relative to other students in the same field in recent years.

	Truly Exceptional (Top 1%)	Outstanding (Top 5%)	Excellent (Top 10%)	Very Good (Top 25%)	Above Average (Top 50%)	Below Average (Lower 50%)	Unable to Comment
Intellectual potential							
Ability to plan and conduct research							
Creativity and originality							
Knowledge in chosen field							
Ability to work independently							
Teaching potential							
Motivation for graduate study							
Overall potential for graduate work							

**SIGNATURE**

**DATE**

**POSITION**

**INSTITUTION**

Please sign this letter of recommendation, place in an envelope, sign across the seal, and return it to the applicant or mail to the address below. This letter is due by December 15.

**Department of Psychology, 3700 Wood Hall, Western Michigan University, Kalamazoo, MI 49008-5439**