



RECOMMENDATION FOR GRADUATE ADMISSION

Graduate Admission
Department of Molecular Biology
and Biochemistry
Middletown, CT 06459

Please refer to the academic department's Web site for further information regarding additional applicant requirements, including application deadline.

Please type or print in ink.
Keep copies of everything you submit in case something gets lost in the mail.
For more information, see <http://www.wesleyan.edu/mbb/grad/>

TO BE COMPLETED BY APPLICANT

Fill in the information below and give this form and a stamped envelope, addressed to Wesleyan University, to a recommender who has taught you or is familiar with your academic background.

Last Name (Family Name): _____

First Name (Legal): _____

Full Middle Name: _____

Date of Birth: ____/____/____ (MM/DD/YYYY)

Home Address _____

Line 1: _____

Line 2: _____

City: _____

State or Province: _____

Country: _____ Postal Code: _____

Last School Attended: _____

City, State/Province, Country: _____

Semester of Entrance*: _____ (e.g., Fall YYYY)

Degree Sought: PhD

Major: _____

(*Note: Spring term may be selected for Chemistry, MB&B and Physics only)

The Family Educational Rights and Privacy Act of 1974 gives the student the right to inspect letters of recommendation written in support of applications for admission or fellowship. The law also permits students to waive the right if they choose, although such a waiver cannot be a condition of admission or award.

Please sign one (and only one) of the two statements below:

I hereby waive any right to inspect the recommendation submitted by the person to whom this form is given.

If admitted to graduate study at Wesleyan, I reserve the right after enrollment to inspect the recommendation submitted by the person to whom this form is being given.

Applicant's Signature

Applicant's Signature

Date

Date

TO BE COMPLETED BY RECOMMENDER

Please submit your reference promptly. A photocopy of this reference form, or another reference you may have prepared on behalf of this student, is acceptable. We are grateful for your assistance. *Be sure to sign below.*

Last Name (Family Name): _____

First Name (Legal): _____

Title/Position: _____

School Name (if applicable) or Affiliation: _____

School Address (City, State, Country): _____

Phone: _____

Email Address: _____

STUDENT BACKGROUND AND RATING

How long have you known this student and in what context?

What are the first words that come to mind to describe this student?

Whenever possible, please rate this applicant relative to other students who have gone to graduate school in recent years.

	POOR	FAIR	GOOD	EXCELLENT	OUTSTANDING	
	LOWEST	NEXT HIGHEST	NEXT HIGHEST	NEXT HIGHEST	HIGHEST	Insufficient knowledge to rate
	50%	25%	15%	5%	5%	
Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scientific curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scientific background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proficiency in lab work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written and oral communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persistence in pursuing goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

On a separate sheet, please comment in as much detail as possible on the strengths and weaknesses of the above named applicant. We are particularly interested in his/her potential for independent research and teaching in relation to his/her academic interest. Please put the student's full name and date of birth on each additional sheet.

Recommender's Signature

Date

Name (print or type)

CONFIDENTIALITY We value your comments highly and ask that you complete this form in the knowledge that it may be retained in the student's file should the applicant matriculate at another institution. In accordance with the Family Educational Rights and Privacy Act of 1974, matriculating students *do* have access to their permanent files, which may include forms such as this one. Unless required by state law, colleges may not provide access to admission records to applicants, those students who are denied admission, or those students who decline an offer of admission. Again, your comments are important to us and we thank you for your cooperation. Wesleyan University is committed to administer all educational policies and activities without discrimination on the basis of race, color, national or ethnic origin, age, handicap, or gender.