

THE UNIVERSITY OF IOWA  
DEPARTMENT OF CHEMISTRY

LETTER OF RECOMMENDATION FOR  
GRADUATE TEACHING AND RESEARCH ASSISTANTSHIP

Name of Applicant: \_\_\_\_\_

**Applicant:** You may waive your right (under the Family Education Rights and Privacy Act of 1974) to review letters of reference. Such action is optional.

*I waive my right to review recommendations and evaluations in support of my application.*

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Evaluator:** This person is applying to our department for admission to our graduate program. We would appreciate your candid evaluation of this student's potential for advanced study, teaching, and research.

Relative to other students from your college or university who have gone to graduate school to major in chemistry, how would you rate this applicant?

Aptitude for advanced coursework?	100	90	80	70	60	50	40	30	20	10
	High									Low

Aptitude for research?	100	90	80	70	60	50	40	30	20	10
	High									Low

Aptitude for teaching undergraduate labs or discussion sections?	100	90	80	70	60	50	40	30	20	10
	High									Low

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

If you have been the applicant's instructor in one or more courses, please indicate his/her rank in each course.

<u>Course</u>	<u>Rank</u>
_____	_____
_____	_____

Are you the student's research adviser? \_\_\_\_\_ If yes, for how long? \_\_\_\_\_

Please provide further comments on this applicant's ability to succeed in chemistry. You may continue on the back of this form or on a separate page.

Name of person responding (please print or type): \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to: **Graduate Admissions Committee**  
**Department of Chemistry**  
**The University of Iowa**  
**E227 CB**  
**Iowa City, IA 52242-1294**