

# LETTER OF RECOMMENDATION

The University of Iowa, Department of Physics and Astronomy

*To be completed by Applicant:*

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

last
first
middle
Jr., II, etc.

*Applicant: Before you give this form to person acquainted with your qualifications for graduate work, please check and sign, in accordance with the Family Educational Rights and Privacy Act of 1974.*

I  hereby waive my rights of access to this letter of recommendation.  
 do not waive

\_\_\_\_\_  
Applicant's Signature Date

*To be completed by Author of recommendation:*

*Please rank the applicant among physics or astronomy students you have known on each of the following items:*

	Exceptional (Top 1%)	Outstanding (Top 5%)	Excellent (Top 10%)	Very Good (Top 25%)	Satisfactory (Top 50%)	Below Average (Lower 50%)	No Basis for Judgment
Knowledge in chosen field							
Motivation and perseverance toward educational goals							
Ability to work independently							
Ability to work as a member of a research team							
Ability to plan and conduct research							
Ability in: Oral Expression							
Written expression							
Imagination and probable creativity							
<i>Applicants overall scientific ability</i>							

*Briefly indicate time period and nature of your contact with applicant:*

*Please give your evaluation of the candidate. Note: If a letter is attached, both the letter and this form must be signed in ink.*

Signature _____ Name _____ Institution _____	Date _____ Title _____ Address _____
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*Thank you very much*

**Please mail to Graduate Program Admissions, Department of Physics and Astronomy, University of Iowa, Iowa City, IA 52242 (USA)**