



INTERNATIONAL TECHNOLOGICAL UNIVERSITY

LETTER OF RECOMMENDATION FOR ADMISSIONS

Part I To be completed by applicant (please print or type)

Name _____
Last (Family) name Given name Middle name

U.S. Social Security Number: _____ (or assigned student number)
Month Day Year

Desired Graduate Department _____

In accordance with provisions of the Family Educational Rights and Privacy Act of 1974, students who are or have been in attendance at International Technological University have the right to see their letters of recommendation relating to their admission to ITU unless the, explicitly waive that right.

I waive my right of access to this recommendation I **do not** waive my right of access to this recommendation

Signature of applicant _____ Date _____

Part II To be completed by the recommender and returned to the student in a sealed and signed envelope.

The person named above has applied for admission to International Technological University. We would appreciate your evaluation of the applicant on this form.

- I have known the applicant _____ year(s) as his/her
 Undergraduate teacher Graduate Teacher Program/research advisor Other (please specify)
- I believe the applicant will will not successfully complete the degree with distinction without distinction.
- Please indicate how the applicant compares with his/her peer group in GENERAL ACADEMIC ABILITY/PROFESSIONAL PERFORMANCE:
below average average somewhat above average good
 outstanding truly exceptional inadequate opportunity to observe

4. Please comment on the applicant's qualifications for graduate study including his/her strengths and weaknesses and your evaluation of his/ her performance in relation to other students you have known. If possible, please compare this applicant with other students from your institution who have applied to International Technological University, as well as to similar programs of study. We are particularly interested in the candidate's capacity for mastering difficult subject matter; developing original ideas; and a commitment to the chosen academic field. **You may use the space provided on the reverse side of this form, or attach a separate page to this form. If additional pages are required, please indicate the student's full name and social security number (or assigned student number) on each page.**

Name of recommender (print or type) Telephone E-mail

Position Institution

Signature of recommender _____ Date _____

Comments