Graduate College
The University of Vermont
LETTER OF RECOMMENDATION

Instructions to the Applicant: Please complete top section of this form, and then give it to your recommender, along with a recommendation envelope (enclosed).

SOCIAL SECURITY NUMBER (U.S. APPLICANTS): 

NAME: ___________________________________________ 
Last Name First Name Middle Name 

ADDRESS: 
Number and Street ___________________________ City ___________________________ State/Country Zip/Mail Code ___________________________

APPLICATION DEADLINE DATE: 

DEGREE SOUGHT: ___________________________ PROGRAM: ___________________________ SPECIALIZATION: ___________________________

Under the Family Education Rights and Privacy Act of 1974, you will have access to this letter of recommendation, if admitted and enrolled, unless you waive such access. Please check one of the following statements and sign below:

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

Signature of Applicant ___________________________ Date ___________________________

Recommender: The person named above is applying for admission to a graduate program at The University of Vermont. We would appreciate your candid evaluation of this applicant’s potential to undertake and complete the proposed program. On the back of this page, or on an attached page, please describe specific characteristics, skills, or experiences of this applicant that should be considered in reviewing this application to graduate school.

Recommendations are to be mailed to the applicant in the enclosed envelope, or a signed and sealed envelope with the applicant’s name and University of Vermont written thereon, for forwarding with the application and other supporting materials.

In what role has this applicant been associated with you? (Please check all that apply).

☐ As an undergraduate student ☐ As a graduate student ☐ Other (please specify) ___________________________
☐ As an academic advisee ☐ As an employee ___________________________

How long have you known this applicant? ___________________________

How would you rate this applicant’s overall ability to successfully undertake and complete the graduate program indicated above? ___________________________

☐ Exceptional ☐ Very Good ☐ Good ☐ Average ☐ Below Average ___________________________

Please rate this applicant in the following areas relative to others you have been associated with in a similar role.

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<th>Top 2%</th>
<th>Top 3-10%</th>
<th>Top 11-25%</th>
<th>Top 26-50%</th>
<th>Lower 50%</th>
<th>Unable to Judge</th>
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<tbody>
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<td>Ability in Oral Expression</td>
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<td>Ability in Written Expression</td>
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<td>Ability to Conduct Independent Research or Scholarship</td>
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<td>Emotional Maturity</td>
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<td>Intellectual Creativity</td>
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<td>Overall Academic Ability</td>
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<td>Academic Ability in Applicant’s Major Field</td>
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(Please print or type)

Name ___________________________________________ Signature ___________________________ Date ___________________________

Title ___________________________________________ Date ___________________________

Institution ___________________________________________ Address ___________________________________________

GRADUATE ADMISSIONS OFFICE, University of Vermont, 333 Waterman Building, Burlington, VT 05405-0160, Tel: 802-656-2699