

Department of Linguistics at the University of Utah Recommendation Form

To be completed by the applicant:

Name: _____

Desired Program: _____ Term: _____

Do you waive your right to have access to this recommendation form? YES NO

Recommender Information

Name: _____

Institution: _____ Title: _____

Address: _____

Please rank the applicant, with respect to his/her peers.

	Exceptional (top 5%)	Outstanding (top 10%)	Excellent (top 15%)	Good (top 25%)	Okay (top 50%)	Lower 50% but still recommended	Not recommended for graduate study	Inadequate information or not relevant
Analytical ability								
Ability to organize and express ideas clearly								
Creative ability								
Enthusiasm and motivation								
Ability to work with others								
Laboratory skills								
Familiarity with scientific literature								
Intellectual independence								
Undergraduate preparation								
Potential for success in graduate school								

Signature: _____ Date: _____

Please provide brief written comments (on a separate page), particularly on the items below, that would assist us in evaluating the applicant's suitability for graduate school.

- How well and in what capacity you know the applicant
- Research experience and accomplishments of the applicant
- Other positive or negative factors that should be taken into account

**Please send to Department of Linguistics, c/o Kacey Campbell
255 S Central Campus Drive, Rm. 2300, Salt Lake City, UT 84112**