

Application for  
Graduate Admission  
and Financial Aid

Reference Report on Applicant

Name of applicant \_\_\_\_\_  
Last (Surname) First Middle

Degree sought \_\_\_\_\_ Department \_\_\_\_\_ College \_\_\_\_\_

U.S. Social Security number \_\_\_\_\_ Date of birth \_\_\_\_\_

If you agree to waive your right under the Family Education Rights and Privacy Act of 1974 to review specific and composite letters of recommendation, please sign here.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Please fill out the form below or use a separate sheet for your answers.

1. How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

2. The Admissions Committee will be very grateful for your estimate of the applicant's preparation, aptitude, and creativity for independent work at the graduate level. Your comparison of the applicant with other students who have done graduate work at Rochester or your school would be particularly valuable.

3. Please comment on the applicant's motivation, maturity, self-confidence, and strength of commitment as it relates to the chosen field of study.

4. Among the students at a similar level whom you have known in recent years, how would you rate this student?

- Among the very best you have taught     Top 5%     Top 10%     Top quarter     Average

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

Name of recommender (please print) \_\_\_\_\_

Position, profession, or occupation \_\_\_\_\_

E-mail address \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Professional address \_\_\_\_\_

For mailing address, see reverse

**Mailing Address**

Use the appropriate mailing address in the list below.

Department of (name)  
Director of Graduate Studies  
**The College, Arts and Sciences**  
University of Rochester  
Rochester, NY 14627

Department of (name)  
Graduate Admissions Chair  
**The College, School of Engineering  
and Applied Sciences**  
University of Rochester  
Rochester, NY 14627