

Students Name: _____

SUMMARY EVALUATION TO BE COMPLETED BY RECOMMENDER

Applicant's promise as a graduate student in comparison with others of similar age and experience:

Recommendation Form (page 2)

Note: Please estimate the sample and population size with which you re comparing the student.	Below Average (Bottom 20%)	Average (Middle 50%)	Above Average (Next 20%)	Exceptional (Top 10%)	Unable to Rate
Abstract Thinking					
Analytical Thinking					
Communication Skills					
Flexibility					
Initiative					
Intellectual Curiosity					
Intellectual Potential					
Leadership					
Maturity					
Organizational Skills					
Personal Integrity					
Professionalism					

Please indicate the strengths of your overall endorsement by placing an "X" along the scale below:

Not Recommended	Recommended with some Reservations		Recommended	Highly Recommended	

Signature _____ Please print last name _____ Date _____

Position _____ Company or Organization _____

Address _____

Master of Life Sciences
<http://www.life.umd.edu/grad/mlfsc/>
<http://www.professionalstudies.umd.edu/mlfsc/>

Return Form to :
 SPOC-LFSC
 1130 Mitchell Building
 College Park, MD 20742
 Fax: 301-314-7915