Department of Geology

Request for letter of recommendation for graduate studies.

Please return to the Geology Department by February 15: Graduate Coordinator mkstuck@usf.edu
University of South Florida 813-974-2236 tel
Department of Geology 813-974-2654 fax
4202 E. Fowler Ave., SCA 528 Tampa, FL 33620

APPLICANT’S WAIVER OF RIGHT TO ACCESS THE CONFIDENTIAL STATEMENT: I hereby freely and voluntarily waive my right to access to any information contained on this recommendation form and agree that the statement shall remain confidential.

Signature of applicant: ________________________________ Date: ________________

1. In comparison with other students you have known, how would you rank this applicant?

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<tr>
<th></th>
<th>Highest 100 – 95%</th>
<th>Next 95 – 85%</th>
<th>Next 85 – 65%</th>
<th>Middle 65 – 40%</th>
<th>Lowest 40%</th>
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<tr>
<td>A. General academic ability</td>
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<td>Motivation for graduate study</td>
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<td>Work Habits</td>
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<td>B. Imagination</td>
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<td>Initiative</td>
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<td>Emotional stability</td>
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<td>Ability to work with others</td>
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2. What is your general feeling about this applicant?

Reading comprehension
Writing ability
Speaking ability
Potential as a research / teaching assistant
3. Do you think the applicant is likely to succeed in a

A. Master’s program
   - Definitely
   - Probably
   - Unlikely

B. Doctoral program
   - Definitely
   - Probably
   - Unlikely

4. Would you accept the applicant as your own graduate advisee if applying to your department?
   - Yes
   - No
   - Please explain

5. Please indicate below and on additional sheets, if necessary, your personal thoughts on the applicant.

Signature  _______________________________  Title  ___________________  Date  ______

______________________________  Address:  ______________________________

Name, typed or printed

_________________________________  ___________________________________

_________________________________  ___________________________________