LETTER OF RECOMMENDATION FOR ADMISSION

NSF Scholarships for Service Program

Name of Applicant: Last First Middle	Social Security Number:
Current Address:	Quarter/Year Applying:
City, State: Zip Code, Country:	Telephone:

I understand that I have the right to inspect my file upon request under the Family Educational Rights and Privacy Act of 1974. I hereby DO WAIVE my right of access to this letter of recommendation.

_____ _____

Signature of Student Date

Writers of letters of recommendation are requested to write a statement on this form. If additional space is needed please attach a separate page. The department is grateful for any pertinent information regarding the applicant, but will particularly appreciate the writer's opinion of the candidate's ability to carry on advanced studies in his/her field. A careful discrimination between strong and weak characteristics of the candidate will be more helpful than routine praise.

_____

Please rate the applicant in comparison with others of his/her age and position whom you have known within the past five years. If possible, indicate the number of students with whom you are comparing the applicant. _____

	Upper 1% or 2%	Upper 10% but not upper 1% or 2%	Upper 25% but not upper 10%	Upper Half but not upper 25%	Lower Half	No basis for judgement
Academic Performance						
Intellectual Ability						
Ability to Express Him/Herself						
Motivation for Proposed Field of Study						

Would you admit the applicant in your department? Assuredly Probably Possibly No

Signature _____ Date _____

Printed Name _____ Position _____

Address _____