



Brandeis University

Letter of Recommendation

Rabb School of Continuing Studies
Division of Graduate Professional Studies
415 South Street
P.O. Box 549110, Mailstop 084
Lower Campus
Waltham, MA 02454-9110

781-736-8787 Phone
781-736-3420 FAX

gps@brandeis.edu
www.brandeis.edu/gps

1. APPLICANT (you may photocopy this form before giving to your recommender)

Name: _____
Last First MI

Student ID Number (if applicable): _____

I am applying for admission in the following program:

- | | |
|--|---|
| <input type="checkbox"/> Bioinformatics | <input type="checkbox"/> Health and Medical Informatics |
| <input type="checkbox"/> Information Technology Management | <input type="checkbox"/> Information Assurance |
| <input type="checkbox"/> Management of Projects and Programs | <input type="checkbox"/> Software Engineering |
| <input type="checkbox"/> Virtual Team Management and Communication | |

Family Educational Rights and Privacy Act of 1974. Under the provisions of the Act, you have the right, if you enroll at Brandeis University, to review your educational records. The act further provides that you may waive your right to see recommendations for admission. Please check the appropriate box indicating whether or not you wish to waive the right and sign your name.

- I waive my right to read this recommendation
 I do not waive my right to read this recommendation

Signature of Applicant Date

2. RECOMMENDER: Please return this form to the Division of Graduate Professional Studies in a sealed envelope signed across the flap. The Division of Graduate Professional Studies appreciates your opinion of the applicant's ability to study at the graduate level and achieve a successful professional career. A careful discrimination between strong and weak characteristics is, in the long run, more helpful than routine praise. If possible, please compare this applicant with other students who have recently attended or applied to this program.

Acquaintance with the Applicant:

I have known the applicant for _____ years and/or _____ months.

I have known the applicant as (check all that apply):

- Undergraduate student in _____ course(s)
 Graduate student in _____ course(s)
 Other capacity (please specify): _____

In the space provided please write a statement indicating the student's outstanding strengths and weaknesses, as they relate to his or her capacity to do graduate work in the field of interest stated.

Please rate the applicant with others you have known who are comparable in age and position.

	Upper 1 to 2%	Upper 5%	Upper 10%	Upper 25%	Upper Half	Lower Half	No Basis for Judgment
Intellectual ability							
Breadth of general knowledge							
Oral expression							
Written expression							
Ability to work with others							
Emotional maturity							
Imagination and creativity							
Leadership potential							
Ability to accept and utilize feedback							
Ability to conceptualize, integrate and apply concepts							

Overall Recommendation:

- Questionable whether admission to a graduate program is warranted.
- Qualifications marginal, but warrants further consideration.
- Performance should be up to average of most graduate students.
- Will perform at a superior level when admitted.
- Not able to judge.

If the applicant's primary language is other than English, please evaluate English proficiency, both oral and written skills.

Name (print) _____

Signature _____

Date _____

Position _____

Institution Name & Address
