

UNIVERSITY OF MISSOURI-ST. LOUIS GRADUATE SCHOOL

The top section should be completed by the applicant and given to the reference. The reference should complete the bottom portion and return the form to: Graduate Admissions, University of MO-St. Louis, One University Blvd., St. Louis, MO 63121-4400.

Name of Applicant: _____ Date: _____

Last four digits of your social security number: _____

Field of Study: _____ Degree Sought: _____

Name of Person Writing Recommendation: _____

I waive I do not waive my option to review the recommendation.

Applicant's Signature: _____

Please rate the applicant relative to other students you have known in the same field in recent years	Poor Lowest 50%	Fair Next Highest 25%	Good Next Highest 25%	Excellent Next Highest 5%	Outstanding Highest 5%	Unable to Judge
Academic Performance						
Intellectual Potential						
Motivation for the proposed program of study						

On an attached sheet, please comment on the applicant's academic strengths and weaknesses, giving your estimate of the applicant's potential for independent study and research. Please comment on other scholarly factors that bear on the applicant's ability to complete an advanced degree and fulfill career objectives.

Signature: _____ Date: _____

Position: _____

Address: _____
