

**UNIVERSITY OF MISSOURI-ST. LOUIS GRADUATE SCHOOL**

The top section should be completed by the applicant and given to the referee. The referee should complete the bottom portion and return the form to: Office of International Student Services; University of MO-St. Louis; 261 Millennium Student Center (MC221); One University Boulevard; St. Louis, MO 63121-4499.

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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	Fair	Good	Excellent	Outstanding	Unable to Judge
	Lowest 50%	Next Highest 25%	Next Highest 15%	Next Highest 5%	Highest 5%	
Academic Performance						
Intellectual Potential						
Motivation for the Proposed program of study						

Please comment briefly 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: \_\_\_\_\_  
 \_\_\_\_\_