RECOMMENDATION FOR ADMISSION

Michigan State University

Mail to: Dr. Susan Selke
Graduate Coordinator
School of Packaging
East Lansing, MI 48824-1223

Note to the Applicant:

Please fill out the section below and forward this form to a person who is in a position to comment on your qualifications for graduate study. You should enclose for the person writing the recommendation a stamped envelope addressed to Dr. Selke at the above address.

Type or Print Clearly

Name of Applicant _____

                      Last (Family)   First(Given)   Middle   Former or Other Names

Applicant's Address _____

                    Street   City   State or Country   Zip Code

Applicant for Degree of Ph.D. in the MSU School of Packaging for Fall Semester _____ (indicate year)

Field of Interest _____

Birth Date (Month) _____ (Day) _____ (Year) __ Date/Given/Mailed to the Recommender: _____

Name of Recommender: _____ Occupation/Title: _____

Address of Recommender: _____

Confidentiality:

The Family Education Rights and Privacy Act of 1974 (FERPA), as amended, and MSU guidelines entitle enrolled graduate students to have access to letters of recommendation in their files. The applicant may waive this right of access to recommendation letters, in which case the letters will be considered confidential and will not be available to the student in certain circumstances. If you wish to waive your right of access to this letter, please so indicate by signing your name on the line below.

I, the undersigned, hereby waive all rights or privileges proved by FERPA and by MSU guidelines to inspect and review the content of this letter of recommendation.

Applicant's Signature _____ Date _____

Please use the form below to express your opinion regarding the applicant's characteristics in each category. We would also appreciate your written comments. Please include any other information you have which could affect the applicant's potential to successfully complete a Ph.D. program.

1. **Knowledge of the Applicant:**
Approximately how long have you known this applicant? ____
How well do you feel you know the applicant? Casually __ Well __ Very Well __
What was the nature of your contact(s) with the applicant?
Teacher ___   Research Supervisor ___   Academic Advisor ___   Employer ___
Other (specify):

2. Please evaluate the applicant by placing a check after each characteristic to be evaluated in the column that best represents your opinion. Compare the applicant on each item with a <u>representative group of students qualified for graduate study</u>, whom you have known during your professional career, and who have had <u>approximately the same amount of experience and training as the applicant</u>.

	Excellent (Top 10%)	**Above Average**	**Average**	**Below Average**	**Unable to Rate**
Academic Ability					
Research Ability/ Potential					
Mathematical & Logical Thought					
Ability to Work Independently					
Communication Skills (Written)					
Communication Skills (Oral)					
Maturity					
Overall					

3. **Comments**: Please attach a letter supporting your ratings and make any additional statements about the applicant's record, potential, or personal circumstances which you feel the School should consider in making their decision.

Recommender's Signature _____