Princeton University
Graduate School
Letter of Recommendation

Applicant Information Applicant should complete this part of the form. *Please print or type.*

Application for Fall _____

First Name _____ **MI** _____ **Last (Family) Name** _____

__ __ — __ __ — __ __ __ __ **Proposed Department** _____

Date of Birth *MM - DD - YYYY*

Under the Family Educational Rights and Privacy Act of 1974, which gives registered students the right to inspect and review their educational records, students may waive their right to see specific confidential statements and letters of recommendation. The following statement indicates the wish of the applicant if admitted regarding this recommendation:

[ ] I waive my right to inspect the contents of the following recommendation.
[ ] I do not waive my right to inspect the contents of the following recommendation.

Signature_____ Date_____

Last (Family) Name

First Name

Recommender Information Recommender should complete this part of the form. *Please print or type.*

The Graduate School requires a written statement from you concerning this applicant. Please write candidly, analytically, and at length about the student's qualifications and potential to carry on advanced study in the field specified. Treatment of both strong and weak points will be most helpful in describing attributes such as motivation, intellect, maturity, and other relevant characteristics. Specific examples are far more useful than generalizations.

Please compare the applicant with others you have recommended and who have attended or who are attending the Graduate School at Princeton. **Please attach your written statement to this form or print it on the reverse side of this form.** Thank you for your assistance.

First Name _____ **Last Name** _____

College/University Name or Organization _____ **Title** _____

How long have you known the applicant? _____ **In what capacity?** _____ **Academic standing in your program (e.g. 1 of 25)** _____

On the scale below, please rate the applicant relative to others you have taught who have gone on to graduate study.

	Below 50%	50%	Top 25%	Top 10%	Top 5%	Top 2%
Academic Performance	•	•	•	•	•	•
Intellectual Potential	•	•	•	•	•	•
Creativity & Originality	•	•	•	•	•	•
	Poor	Average	Good	Very Good	Excellent	Exceptional

This recommendation remains confidential during the admission process. If the student has *not* signed the waiver of right to inspect the recommendation, your evaluation will become accessible as part of the student's records *only* if the student enrolls in the Graduate School at Princeton.

Signature _____ **Date** _____

Address _____

_____

E-Mail _____ **Phone** _____

Mailing Instructions

Please seal your recommendation and sign across the seal, then return it to the applicant for enclosure with his or her application materials. If you prefer to mail the recommendation directly to the Graduate School at Princeton, please note the application deadline for receipt of this completed form. Application deadlines can be found at http://gradschool.princeton.edu/admission/applicants/guide/schedule/. **If you submitted a letter of recommendation online, please do not submit a paper recommendation.** Thank you.

Return to:

Office of Graduate Admission
Princeton University
One Clio Hall
Princeton, NJ 08544
609-258-3034