

JAMES T. LANEY SCHOOL OF GRADUATE STUDIES  
EMORY UNIVERSITY  
STUDENT RECOMMENDATION

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**TO THE APPLICANT:** Complete this part of the form, and then send it to the recommender. Make sure your recommender knows the application deadline and make sure you have the envelope to the department to which you are applying.

Department/program to which you are applying \_\_\_\_\_  
Special field and degree sought \_\_\_\_\_

Name \_\_\_\_\_  
Last (family) name First Middle

Address \_\_\_\_\_

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I understand that federal legislation provides me with a right of access to this recommendation which may be waived but that no school or person can require me to waive this right.

Check one of the following statements:

I hereby WAIVE my right of access to this recommendation.

I do NOT waive my right of access to this recommendation.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Name of recommender \_\_\_\_\_

Title: \_\_\_\_\_

Department/Address: \_\_\_\_\_

Please return this recommendation to the student by: \_\_\_\_\_

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***APPLICANT SHOULD NOT WRITE BELOW THIS SPACE***

**TO THE RECOMMENDER:** If the student waives his or her right, the recommendation, except as used by the admission officers, will be held in confidence from the student and all other parties. If the student does not waive his or her right and matriculates, or if the student does not sign either statement above and matriculates, the student will be permitted to see this form on request. If you prefer to write a letter, please attach it to this form. Your thoughtfulness in providing this information is appreciated.

***Your recommendation may be returned to the student in a sealed envelope.*** Please sign across the seal  
*Emory University does not discriminate in admissions, education programs, or employment on the basis of race, color, religion, sex, sexual orientation, national origin, age, disability, or veteran's status and prohibits such discrimination by its students, faculty, and staff. Students, faculty, and staff are assured of participation in university programs and in the use of facilities without such discrimination. The University also complies with all applicable federal and Georgia statutes and regulations prohibiting unlawful discrimination. All members of the student body, faculty, and staff are expected to assist in making this policy valid in fact. Any inquiries regarding this policy should be directed to the Emory University Office of Equal Opportunity Programs, Administration Building, Atlanta, GA 30322. Telephone (404) 727-6016 (V/TDD).*

for security. Otherwise, mail directly to: Department/Program, Laney Graduate School, Emory University, Atlanta, Georgia 30322. Please enter the degree program the applicant is applying to on the envelope.

How long have you known the applicant? 0-1years 1-3years 3-5years 5or more

In what capacity have you known the applicant?

	Exceptional	Outstanding	Above Average	Average	Below Average	Unable to Access
Intellectual Ability						
Maturity						
Ability to work with others						
Written Communication						
Analytical ability						
Imagination and Creativity						
Integrity						
Oral Communication						
Leadership/Managerial Potential						
Judgment						

Overall Rating:  Strongly Recommend  Recommend  Recommend with reservations  Do not recommend

Recommendation for admission:  Strongly Recommend  Recommend  Recommend with reservations  Do not recommend

The applicant as a graduate teaching assistant would be:  Exceptional  Outstanding  Above Average  Below Average  Unable to access

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