



Program of Study Atmospheric Sciences

Michigan Technological University Graduate School Letter of Recommendation For: Atmospheric Sciences Doctoral Program

To Applicant

Fill in your name and the name of the person recommending you. Sign one of the waiver statements below and give this form (two pages) to the respondent, who should be acquainted with you and your academic work. The respondent should send it directly to **Atmospheric Sciences Program, GMES-630 Dow Bldg, Michigan Technological University, 1400 Townsend Dr., Houghton, MI 49931.**

Name of applicant (print or type) _____ Program: XX PhD Master's
Last Name *First Name*

Desired enrollment beginning in the _____ semester (Fall, Spring, or Summer), of year 2

Name of recommender _____

The recommendation will not be considered unless you sign one of the statements below.

The Family Education and Privacy Act of 1974 gives the student the right to inspect letters of recommendation written in support of the applications for admission or fellowship. The law permits students to waive the right if they choose, although, such a waiver cannot be a condition of admission or award.

The undersigned hereby waives any right to inspect the recommendation submitted by the person to whom this form is being given.

The undersigned, if admitted to graduate study at Michigan Technological University, reserves the right after enrollment to inspect the recommendation submitted by the person to whom this form is being given.

Applicant's signature Date

Applicant's signature Date

To Recommender

Please address the 5 questions below, then complete the information at the bottom of the page.

- In what capacity do you know the applicant? _____
- I have known the applicant for years and months.
- Please evaluate the applicant's abilities in the table below where the educational level of the group you are using for comparison is:
 Undergraduate seniors Master's students Doctoral students

	No basis for judgment	Average	Good (Top 11-25%)	Excellent (Top 4-10%)	Outstanding (Top 3%)
Fundamental knowledge of area of study					
Experimental techniques					
Oral communication					
Written communication					
Leadership					
Imagination and creativity					
Self-reliance and independence					
Emotional stability and maturity					
Overall ability to do graduate level research					

4. Please check one of the options below regarding your overall recommendation for this student to pursue a graduate degree. If you check (b) or (c), please elaborate in the space provided.

- (a) I recommend the applicant without reservation as an excellent prospect.
- (b) I recommend the applicant with some reservation.
- (c) I cannot recommend the applicant at this time.

5. Please comment on the applicant's suitability for graduate work and potential as a teaching or research assistant. If the applicant is currently registered in a graduate program at your institution, do you know the reason he or she is changing institutions? You may use the space below or attach a separate sheet.

Signature _____

Date _____

**Please return your recommendation directly to:
Atmospheric Sciences Program, GMES-630 Dow Bldg,
Michigan Technological University, 1400 Townsend
Dr., Houghton, MI 49931.**

Name _____

E-mail _____

Title _____

Department _____

Address _____

