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 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) ______________________
Last Name First Name
Program: _XX_ PhD ___Master’s

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.

Applicant's signature Date

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

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

1. In what capacity do you know the applicant? ____________________________________

2. I have known the applicant for ____ years and ____ months.

3. 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

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