

RECOMMENDATION FORM UNIVERSITY OF MINNESOTA

PART A TO BE COMPLETED BY THE APPLICANT

NAME (PRINT Family Name, First Name, Middle Initial)

Proposed Graduate Program: **Conservation Biology**

Degree Sought:

Under the Family Educational Rights and Privacy Act of 1974, a student enrolled at the University of Minnesota has access to his or her education records. We comply with this law, while still allowing the student the option of waiving the right to access. If you wish to waive the right to examine this reference report, please sign below.

Signature of Applicant

Date

PART B TO BE COMPLETED BY THE RECOMMENDER

How long and in what capacity have you known the applicant?

We would appreciate your assessment of the applicant's scholarship and professional promise. Please include in the statement an assessment of strengths and weaknesses. If additional space is needed, please feel free to use the reverse side of this sheet or a separate sheet. If you prefer, you may write the entire statement on your own stationery.

STATEMENT:

SUMMARY EVALUATION:

Applicant's promise as a graduate student	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	UNUSUAL	OUT-STANDING	TRULY EXCEPTIONAL	Inadequate Opportunity to Observe
	Lowest 40%	Middle 20%	Next 25%	Next 5%	Next 5%	Top 5%	
Research aptitude							
Intellectual ability							
Ability to work with others							
Maturity							
Oral communication skills							
Written communication skills							
Ability to solve problems							
Motivation and Leadership potential							
OVERALL RECOMMENDATION							

Signature

Please print last name

Date

Position

Employer

Address

**PLEASE MAIL DIRECTLY TO:
 CONSERVATION BIOLOGY PROGRAM
 187 McNEAL HALL
 UNIVERSITY OF MINNESOTA
 1985 BUFORD AVENUE
 ST. PAUL, MN 55108**

This material is available in alternative formats upon request. Please contact the program office at the above address.
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