Instructions for student: Fill in the top portion of this form and present it to your recommender.

Instructions for recommender: Return this form to the applicant in a sealed envelope with your signature across the seal, or to the graduate admissions administrator in the department to which the student is applying.

Printed Name of Student (Last) (First) (Middle)

Department to which you are applying

Email Address

Stanford ID Number

☐ I do 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.

Student Signature __________________________________________ Date ____________

Recommender Section: Please write candidly about the student’s qualifications and potential to pursue advanced study in the field specified.

On the following scale, rank the applicant against other students in comparable fields:

☐ Bottom 25% ☐ Third 25% ☐ Second 25% ☐ Top 25% ☐ Top 10% ☐ Top 5% ☐ Top 1-2%

Admission to coterminal master’s program is:

☐ Strongly recommended ☐ Recommended ☐ Recommended with reservations ☐ Not recommended

Signature __________________________________________ Name Printed __________________________ Date ____________