



Recommendation for Graduate Study

Please return to: Department of Electrical and Computer Engineering
The University of Iowa
4016 Seamans Center
Iowa City, IA 52242-1595 USA

TO THE APPLICANT:

Three recommendations are required from professors who are familiar with your undergraduate study. Please fill out the section below before this form is given to the professors. As a courtesy to the recommender, you should enclose a stamped envelope addressed to the above address.

Name: _____
Family Name First Name Middle Name

Should you be admitted to The University of Iowa, you would have the right as a student to review your record, including this recommendation form. However, it is your option to waive your right to review these recommendations or to decline to do so. Please indicate your choice below and sign your name.

- I do not waive my right to review this recommendation.
- I waive my right to review this recommendation.

Signature: _____

TO THE RECOMMENDER:

May we please have your opinion of the person named above who is applying for admission at the University of Iowa. The Family Education Rights and Privacy Act of 1974 gives students the right to inspect their records, including letters of recommendation. Accordingly, unless this applicant waives the right of access by signing the above waiver, the applicant will be able to inspect this letter if admitted and enrolled.

*1. Please rate this applicant by placing an "x" along the scale

Not recommended Recommended Recommended Highly Recommended
with Reservations

*2. How would you rate applicant's undergraduate academic rank among the students you have taught recently? Please write appropriate numbers below.

_____ from the top among _____ students

*3. How long have you known the applicant? _____ In what capacity? _____

*4. Written Comments: **Please attach comments to this form.**

Recommender's name (please print) Position Institution

Signature Date