

Graduate School

Recommendation Form

Applicant name:						
(Last) Proposed field and degree program		(First)		(Middle)		
Applicant DOB (for identification Purposes)			Proposed Admit Term			
In accordance with the Family Educational Rights and Privacy Act of 1974, the applicant can waive his/her right to inspect this recommendation. Should the applicant decide not to waive the right, he/she will have access to the recommendation only if he/she enrolls in the Graduate School at Cornell University. I hereby waive my right of access to the information* [Applicant signature] [Date]						
Recommender: Please compare Undergraduates from Current senior und Other Not Applicable	om your institut	tion who have go	•	e study		
	Top 2%	Top 5%	Top 10%	Top 25%	Top 50%	Bottom 50%
Academic performance						
Intellectual potential						
Creativity and originality						
Motivation for graduate study						
Write candidly about the applice potential to carry on advanced smotivation, intellect, and matur known. If possible, compare the University. If the applicant's first	study in the field spe ity, discuss both str applicant with othe t language is not En	ecified, as well as his on and weak points. ers you have recomminglish, comment on hi	or her promise of pro Specific examples ar ended who have atte s or her ability to rea	fessional success. In a re more useful than go nded or are attending d, write, speak and te	describing such attri eneralizations. Indic g the Graduate Scho each in English.	butes as ate rank in class, if ool at Cornell
Recommender Signature_				Date		
Name	Title					
Email Address	Telephone					
Institution, Organization, Institution, Organization,						

^{*}This recommendation will remain confidential during the admission process and will be used by The Graduate School in it procedures relative to admissions and fellowships. If the student waived the right of access to the recommendation, it will become accessible to the student only if he or she enrolls in The Graduate School.