

## Graduate School

## **Recommendation Form**

Applicant name:	Last)	(First)		(Middle)			
Proposed field and degree			(Midale)				
Applicant DOB (for identific		Proposed Admit Term					
In accordance with the Farr Should the applicant decide Cornell University.	e not to waive the rig	ht, he/she will have	access to the recomm		he enrolls in the Gro	duate School at	
I hereby waive my right of access to the information*  (Applicant signature)  I hereby DO NOT waive my right of access to the recommendation						(Date)	
Recommender: Please compare Undergraduates fr Current senior und Other Not Applicable	om your institut lergraduates at y	ion who have go your institution	one on to graduat	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 applic potential to carry on advanced motivation, intellect, and matur known. If possible, compare the University. If the applicant's firs	study in the field spe rity, discuss both stro applicant with othe	cified, as well as his ong and weak points rs you have recomm	or her promise of proj . Specific examples an ended who have atte	fessional success. In a e more useful than ge nded or are attending	lescribing such attri eneralizations. Indic the Graduate Scho	butes as ate rank in class, if	
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.