

# LETTER OF RECOMMENDATION

## The University of Iowa, Department of Physics and Astronomy

*To be completed by Applicant:*

Name of Applicant: \_\_\_\_\_  
last
first
middle
Jr., II, etc.

*Applicant: Before you give this form to the person acquainted with your qualifications for graduate work, please check and sign, in accordance with the Family Educational Rights and Privacy Act of 1974.*

I  hereby waive  
 do not waive my rights of access to this letter of recommendation.

\_\_\_\_\_  
 Applicant's Signature Date

*To be completed by Author of recommendation:*

*Please rank the applicant among physics or astronomy students you have known on each of the following items:*

	Exceptional (Top 1%)	Outstanding (Top 5%)	Excellent (Top 10%)	Very Good (Top 25%)	Satisfactory (Top 50%)	Below Average (Lower 50%)	No Basis for Judgment
Knowledge in chosen field.							
Motivation and perseverance toward educational goals.							
Ability to work independently.							
Ability to work as a member of a research team.							
Ability to plan and conduct research.							
Ability in: Oral Expression							
Written expression							
Imagination and probable creativity.							
<i>Applicants overall scientific ability.</i>							

*Briefly indicate time period and nature of your contact with applicant:*

*Please give your evaluation of the candidate.*

**Note: If a letter is attached, both the letter and this form must be signed in ink.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Institution \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_

*Thank you very much.*

**Please mail to:**  
**Graduate Program Admissions, Department of Physics and Astronomy, The University of Iowa, Iowa City, IA 52242 (USA)**