



APPLICANT'S SECTION

Name of Applicant _____

WAIVER:

I expressly waive any rights I might have to access this recommendation under the Family Educational Rights and Privacy Act of 1974, the University of Oregon Student Record Policy, or any other law, regulation or policy. I understand that the University of Oregon does not require this waiver and is willing to review my application whether or not I sign it.

SIGNATURE _____ DATE _____

REFEREE'S SECTION

Note: If the student has not signed the above waiver, you should not consider this form to be confidential.

Name _____ Title _____

Institution _____ Address _____

Phone Number _____

E-Mail _____

Signature _____

PLEASE RATE THE APPLICANT ON THE QUALITIES LISTED BELOW:

	UPPER 1-2%	5%	10%	25%	50%	LOWER 50%	No BASIS
Intellectual Ability							
Academic Preparation							
Independence of Thought							
Judgement and Maturity							
Industry and Motivation							
Effectiveness of Oral Communication							
Effectiveness of Written Communication							

Indicate the comparison group upon which your ratings are based (e.g. 100 senior undergraduate chemistry majors over the past ten years):

WRITTEN STATEMENT:

On an attached sheet, please assess the candidate's qualifications and promise as a graduate student. Of particular interest are your estimates of the applicant's intellectual ability and originality; motivation and capacity for independent study, creative research and/or acquiring professional skill; promise for a career in productive scholarship and effective teaching; quality of any professional accomplishments to date; and your judgement of his/her character and personality.

PLEASE RETURN TO THE FOLLOWING ADDRESS: **Department of Chemistry - Graduate Selection Committee**
1253 University of Oregon • Eugene, OR 97403-1253