LETTER OF RECOMMENDATION (LOR) FOR GRADUATE ADMISSION

Applicants must complete Part 1 and provide copies of this form to all persons writing recommendations. Individuals providing the recommendations must complete Part 2 and return the form directly to: Office of International Admissions, Old Dominion University, 2101 Dragas Hall, Norfolk, VA 23529 USA.

PART 1. APPLICANT’S INFORMATION (PLEASE PRINT) STUDENT UIN __________________________

Name __________________________ Last First Middle Initial

If any records appear under a different name or in a different order, please enter this name or order of names here:
____________________________________________________________________________________________________

Program of Study _____________________________________________________________________________________

Name of person providing this recommendation (required) __________________________________________________

Check one of the following statements and sign your name below:

[ ] I waive my rights to see my evaluation and recognize that it will remain confidential.
[ ] I do not waive my rights of confidentiality and will be able to see my evaluation.

Applicant’s signature ___________________________________________________________ Date _____________________

PART 2. RECOMMENDATION (PLEASE PRINT)

How long have you known the applicant? [ ] [ ] Years [ ] [ ] Months

In what capacity? ______________________________________________________________________________________

Rate the applicant in comparison with others of similar age and position you have known in the past five years.

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<th>Academic Performance</th>
<th>Upper 1% or 2%</th>
<th>Upper 10% but not upper 1% or 2%</th>
<th>Upper 25% but not upper 10%</th>
<th>Upper half but not upper 25%</th>
<th>Lower half</th>
<th>No basis for judgment</th>
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If possible, indicate the number of others with whom you are comparing this applicant. __________________

How do you rate the applicant’s potential as a teaching assistant? [ ] High [ ] Adequate [ ] Low [ ] No basis

Would you admit this applicant to your department? [ ] Assuredly [ ] Probably [ ] Possibly [ ] No

Signature __________________________ Date ______________________

Position __________________________ E-mail __________________________

Please provide any additional comments regarding this applicant on the back of this form.
RECOMMENDATION FOR GRADUATE ADMISSION

Applicant’s signature ____________________________________________________________

COMMENTS

Signature _________________________________________________________Date_____________________

Or attach business card

RETURN RECOMMENDATION TO:
Office of International Admissions
Old Dominion University
2101 DRAGAS HALL
Norfolk, VA 23529 USA
Fax: 1.757.683.3651