

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 _____

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.

	Upper 1% or 2%	Upper 10% but not upper 1% or 2%	Upper 25% but not upper 10%	Upper half but not upper 25%	Lower half	No basis for judgment
Academic Performance	_____	_____	_____	_____	_____	_____
Intellectual Ability	_____	_____	_____	_____	_____	_____
Expressive Ability	_____	_____	_____	_____	_____	_____
Motivation for Proposed Field of Study	_____	_____	_____	_____	_____	_____
Originality	_____	_____	_____	_____	_____	_____

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