Director of Graduate Studies
Department of Physics and Astronomy
University of Missouri-Columbia
223 Physics Building, Columbia, MO 65211 USA
Email: UllrichC@missouri.edu

LETTER OF RECOMMENDATION FOR GRADUATE ADMISSION

Applicant Information

Name _____
Last First Middle

Mailing Address _____

e-mail address_____ Phone Number_____

Planned Program of study (check) M.S. _____ Ph.D. _____

Name of Reference _____

I waive ____ do not waive _____ my right of access to this letter of recommendation

_____
Applicant's signature

To the Academic Reference

Please fill and mail this sheet to the address above. You may also add a separate letter. The admissions committee will strictly adhere to the conditions of confidentiality of your assessment of the applicant.

	High	Average	Below Average	Don't Know
Intellectual Ability				
Breadth of General Knowledge				
Creativity, Originality				
Initiative				
Oral Expression in English				
Written Expression in English				
Promise as a Research Scholar				

Overall Recommendation (check one) __ Strongly Recommend

__ Recommend __ Recommend with Reservation ___ Do not recommend

_____ _____ _____
Signature Position email address

Address _____

_____