



Letter of Recommendation
Graduate Assistantship Application

Last Name First Middle/Maiden University ID

Street Address City State/Zip Area Code/Telephone

Has applied for a graduate assistantship in the Department of _____

I waive the rights of access to the contents of this letter. Yes No

Signature

The above is to be completed by the applicant

1. Please briefly state in what capacity and the length of time you have known the above applicant:

2. How would you rank the applicant compared with others of the same academic level and experience in the following areas:

	Highest			Average		Lowest	Don't
Intellectual independence							
Capacity for analytical thinking							
Ability to work with others							
Ability to organize & express ideas clearly (orally & written)							
Initiative & enthusiasm							
	10%	20%		40%	20%	10%	Know

3. What is your evaluation of the applicant's overall ability and motivation to succeed in graduate studies?

Signature

Date

Do not return to applicant – Please mail directly to: Department (indicated above in shaded area)
Wright State University
3640 Colonel Glenn Hwy.
Dayton, Ohio 45435-0001