

Indiana University South Bend, Applied Mathematics and Computer Science

RECOMMENDATION FORM

Name of Applicant	Social Security Number or University I.D. Number
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The Family Educational Rights and Privacy Act of 1974 provides permission for a matriculated student to have access to his or her file unless a waiver of that right has been signed. If you wish to waive your right to have access to your file, sign your name in the space provided. If you do not sign, you will be permitted to inspect this reference only if you enroll in the Graduate Program in Applied Mathematics and Computer Science.

In the event that I become a student in the Graduate Program in Applied Mathematics & Computer Science, I hereby waive my right of access to this letter of recommendation.

X _____
Applicant's Signature
Date

How long have you known the applicant?

In what capacity?

Compared to individuals you have known at a similar level of development, please evaluate the applicant on each factor listed below:

	Superior Top 5%	Very Good Top 10%	Good Top 25%	Average Mid 50%	Below Average Low 25%	Unable To Judge
Academic Preparation						
Creativity						
Written Communication						
Oral Communication						
Research Skills						
Interpersonal Skills						
Maturity						
Motivation						
Ethics						
Potential to Complete Degree						
OVERALL RATING						

Comments on applicant's potential as a professional in Applied Mathematics & Computer Science.

Please provide a *letter of recommendation* with your candid assessment of the applicant's strengths and weaknesses as well as his/her promise of success as a graduate student.

Name	Institution/Employer
Position	Address
City	
State, Zip	
e-mail address	Telephone Number

X _____
Signature
Date

Please return this form and your separate comments to:

Graduate Director
 Department of Applied Mathematics & Computer Science
 Indiana University South Bend
 PO Box 7111
 South Bend, IN 46634-7111