RECOMMENDATION FORM FOR GRADUATE ADMISSION

To the Applicant:

Note: Letters of recommendation may be substituted for this form.

Enter your name below and sign the statement if you wish to make this a confidential recommendation by waiving your right to access as described in the note to the recommender.

Applicant’s full name

Degree program applying to

(Optional) □ I waive my right to access any information provided by the recommender.

Signature __________________________ Date __________________________

To the Recommender:

The person named above is applying for graduate admission and has requested that your evaluation be included as part of the information on which Lawrence Tech’s Graduate Admissions Committee will base its decision. Under provisions of the Family Educational Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided unless the right to such access has been waived by the statement above. Your assistance to the Graduate Admissions Committee by providing responses to the following questions is greatly appreciated.

1. How long and in what capacity (professional, personal, etc.) have you known the applicant?

_______________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________

2. Many qualities, including reasoning, communication, and interpersonal and leadership skills, contribute to an individual’s effectiveness. In the case of a Master of Architecture, Post Professional Degree applicant, comment on sensitivity to design issues.

A. What are the applicant’s strengths in these areas?

_______________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________
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_______________________________________________________________________________________________________________________________________

B. What qualities does the applicant still need to develop for an effective career?

_______________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________
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3. What special personal qualities does the applicant possess?

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_______________________________________________________________________________________________________________________________________
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4. Are there any barriers (professional or personal) that could jeopardize the applicant’s success in completing a graduate degree?

_______________________________________________________________________________________________________________________________________
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5. How does the applicant rate on the following criteria?

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<th>Exceptional</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
<th>Unable to Judge</th>
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<tbody>
<tr>
<td>Analytical Ability</td>
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<td>Quantitative Ability</td>
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<td>Writing Ability</td>
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<td>Oral Ability</td>
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<td>Integrity</td>
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<td>Goal Directedness</td>
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<td>Leadership Potential</td>
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<td>Design Ability (PDP applicants only)</td>
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</tbody>
</table>

I ☐ enthusiastically recommend ☐ recommend ☐ recommend with some reservations ☐ do not recommend the applicant for admission to a Lawrence Technological University graduate program.

I understand that the applicant may have access to this information unless the waiver statement on the front of this form has been signed.

Signature of Recommender________________________________________ Date________________

Name of Recommender________________________________________

Title and Organization________________________________________

Email_________________________________________________________

Street Address________________________________________________

City, State, Zip Code, Country________________________________

Please return this recommendation in a sealed envelope to the applicant or by mail to:
Lawrence Technological University
Office of Admissions
21000 West Ten Mile Road
Southfield, MI 48075-1058
UNITED STATES

Thank you for your assistance.