



## LETTER OF RECOMMENDATION

Document No. : FM-GRS-03-01

Effective Date: July 28, 2017

APPLICANT: Fill in your name, degree applied for, and field of specialization, before giving this form to the person recommending you.

You have been listed as reference for \_\_\_\_\_ Who is  
(Last/Family Name) (Given Name) (Middle/Maiden Name)  
applying for \_\_\_\_\_ , major in \_\_\_\_\_  
(Degree/Program) (Field of Specialization)

We would greatly appreciate your filling out this form at your earliest convenience to enable us to review the applicant record. Please type or print legibly and mail to the MIT School of Graduate Studies. This form may be examined by the applicant upon request unless the waiver of access below is signed.

**TO THE STUDENT:** If you prefer this to be a confidential letter or reference, you must sign and date the waiver of access below.

**WAIVER OF ACCESS:** I, the undersigned, waive the right of personal access to the reference.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

1. How well do know the applicant? How long and in what capacity?

2. Give your opinion of the applicant's qualification (i.e., intellectual ability, motivation, work habits) to do graduate work in his selected field.

3. Where would you rank this student with those currently in your department:

( ) lower 25% ( ) mid 25% ( ) upper 25% ( ) highest 10% ( ) highest 5%

4. Additional remarks.

Date \_\_\_\_\_ Signature \_\_\_\_\_ Name \_\_\_\_\_

Title \_\_\_\_\_ Address \_\_\_\_\_