

The Graduate School of The University of South Carolina
Letter of Recommendation

(Please type or write in black ink. This document will be scanned.)

Mail to:
The Graduate School
University of South Carolina
901 Sumter St.
Columbia, SC 29208

Section 1 - This section is to be completed by the applicant.

Name of Applicant: _____ SSN: _____

Intended Field of Study: _____ Term Applying for: _____

Waiver of Access: I, the undersigned, waive the right of personal access to the reference.

Signature: _____ Date: _____
(If signed, this document becomes confidential.)

Section 2 - This section is to be completed by the person making the recommendation.

You have been asked to recommend this person for admission to The Graduate School at our University. We would greatly appreciate your completing this form at your earliest convenience because we cannot consider the person's application without it. Upon request, the applicant may review this form unless the above waiver has been signed.

1. How well do you 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 the intended field of study.

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

lower 50% upper 50% upper 25% highest 10% highest 5%

Date: _____ Signature: _____

Name: _____ Title: _____

Address: _____ Phone number: _____