

The Graduate School of the University of South Carolina

Letter of Recommendation

Mail to:
The Graduate School
University of South Carolina
901 Sumter Street
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 qualifications (i.e. intellectual ability, motivations 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 25% mid 25% upper 25% highest 10% highest 5%

Date _____ Signature _____

Name _____ Title _____

Company or School _____ Phone number _____

Address _____ E-mail _____

The University of South Carolina provides equal opportunity and affirmative action in education and employment for qualified persons regardless of race, color, sex, religion, national origin, or veteran status.