

Graduate Admission Recommendation



s.r. Crown Hall
3360 South State Street Chicago IL 60616
arch@iit.edu 312.567.3260

LAST NAME

DATE OF BIRTH

Part 1—For the Applicant

Please provide the information to the right, then give this form, along with a stamped envelope addressed to the College of Architecture, to the individuals listed on the application for Graduate Admission.

Select people who are qualified to comment on your qualifications for advanced study and research potential in the profession of architecture.

This recommendation is for the following program:

- Master of Architecture
- Master of Science in Architecture
- Master of Landscape Architecture
- Master of Integrated Building Delivery
- Doctor of Philosophy in Architecture

Under the Family Education Rights and Privacy Act of 1974 (Buckley Amendment), which gives registered students the right to inspect and review their educational records, students may waive their right to see specific confidential statements and letters of evaluations.

In the belief that applicants, and the persons from whom they request evaluations, may wish to preserve the confidentiality of those evaluations, we are giving you an opportunity to sign one of the following statements.

LAST NAME / SURNAME / FAMILY NAME

FIRST NAME

MIDDLE NAME

SOCIAL SECURITY NUMBER

NAME OF PERSON PROVIDING RECOMMENDATION

RELATIONSHIP TO APPLICANT / LENGTH OF AQUAINTANCE

I waive my right to examine this letter.

SIGNATURE / DATE

I do not waive my right to examine this letter.

SIGNATURE / DATE

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Return this form in a sealed and signed envelope to the applicant or send directly to the College of Architecture Graduate Admissions Office via the address to the right.

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Part 2—To the Recommender

FULL NAME _____

UNIVERSITY OR COMPANY _____ TITLE _____

PHONE NUMBER **AREA CODE FIRST** _____ E-MAIL _____

ADDRESS LINE 1 _____

ADDRESS LINE 2 _____

CITY / STATE / ZIP _____

SIGNATURE _____ DATE _____

I rank the applicant as follows

- Recommend very strongly Recommend strongly
 Recommend Do not recommend

What are strengths of the applicant?

What characteristics of the applicant are in need of improvement?

Please rank the applicant as standing among one of the following. Feel free to mark "uncertain" if you cannot comment.

| | TOP 1% | TOP 5% | TOP 10% | TOP 20% | TOP 50% | BELOW 50% | UNCERTAIN |
|-------------------------------------|--------|--------|---------|---------|---------|-----------|-----------|
| clarity of goals for graduate study | | | | | | | |
| potential for graduate study | | | | | | | |
| intellectual ability | | | | | | | |
| analytical ability | | | | | | | |
| ability to work independently | | | | | | | |
| ability to work with others | | | | | | | |
| oral expression in english | | | | | | | |
| written expression in english | | | | | | | |
| visual expression | | | | | | | |
| research potential | | | | | | | |

How long and in what capacity have you known the applicant?

Additional comments Please use space provided or attach additional signed letter.
