Graduate Admission Recommendation

College of Architecture
ILLINOIS INSTITUTE OF TECHNOLOGY

Last Name

Date of Birth _____

Part I – To the Applicant

Please provide the information below and then give this form, with a stamped envelope addressed to 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.

Last Name/Surname/Family Name First Middle Social Security Number

Name of person providing recommendation _____

Relationship to applicant _____ Length of acquaintance _____

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 evaluation. 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:

❍ I waive my right to examine this letter.

Signature/Date _____

❍ I do not waive my right to examine this letter.

Signature/Date _____

Part 2 – To the Recommender

Please rank the applicant indicated above in the following areas. Note the scale is nonlinear.
Feel free to indicate "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							

Please complete other side ◆

Part 2 – To the Recommender, continued:

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

2. What do you consider to be the strengths of the applicant?

3. What characteristics of the applicant do you feel are in need of improvement?

4. Any additional comments (please use the space provided below or attach an additional signed letter on institutional or company letterhead):

5. I rank this applicant for admission as follows:

- ❍ Recommend very strongly
- ❍ Recommend strongly
- ❍ Recommend
- ❍ Not recommended

Name _____

Title _____

University or Company _____

Telephone (area code first) ( ) _____ – _____ e-mail address _____

Address (Number and Street) City State / Country Zip Code

Signature _____ Date _____

Return this form in a sealed and signed envelope to the applicant or directly to:

College of Architecture, Graduate Admissions, Illinois Institute of Technology,
S.R. Crown Hall, 3360 South State Street, Chicago, IL 60616–3793 USA