

GEORGIA INSTITUTE OF TECHNOLOGY

A Unit of the University System of Georgia

Graduate Studies and Research

Letter of Recommendation

Name of Applicant:

Program Desired:

Area of Concentration/Research:

Level: Masters Ph.D.

Semester:

Year:

Under the provisions of the Family Educational Rights and Privacy Act of 1974, I hereby waive my right to inspect the recommendation given below with the understanding that it will be used only for purposes of admission and initial consideration for award of financial aid.

Signature:

Date:

Social Security Number:

Name of Evaluator:

NOTE TO EVALUATOR

The admissions committee would appreciate your opinion of the applicant named above. We are interested in how long and how well you have known the applicant and your impression of the applicant's initiative, intellectual power, analytical ability, perseverance, resourcefulness, experimental skill, ability to organize, and other qualities pertinent to graduate studies. Please enter your comments on the electronic form sheet provided by the applicant. If more space is needed, please use a second copy of the form sheet.