To the Applicant

Each recommendation must include this form**.** Recommendations should be requested from ECE professors who are able to comment on your qualifications for PhD graduate study. They should not be requested from a non-academic person unless you have extensive work experience with that individual and/or you have been away from academic institutions for some time. Complete all sections of page 1 below and deliver this form directly to the recommender.

Applicant's Information

Name: _____
　　　　　Last or Family Name/Surname　　　　　　　　　　　First　　　　　　　　　　　　　　Middle　　　　　　　　　　　Date of birth

Address: _____　　Degree sought: _____

E-mail address: _____

OSU ID: _____　　Major field of study: _____

List the name and address of the graduate program to which you are applying.

　　　　　　　Graduate Studies Committee Chair
　　　　　　　The Ohio State University

(graduate program) _____

　　　　　　　Columbus, OH 43210 USA

ECE Faculty Recommender's Information

Name: _____

Title: _____　　Institution: _____

List the courses you have taken under the direction of this recommender:

Course Number	Course Title	When Taken	Grade

Applicant's Waiver of Right to Access

The Family Educational Rights and Privacy Act of 1974, as amended (P.L. 93-380), allows a candidate for admission, employment, or receipt of honors to waive his or her right of access to confidential letters or statements written on his or her behalf if the recommendation is used solely for the purposes of admission, employment, or the receipt of honors and if the candidate, upon request, is notified of the names of all persons making such recommendations on his or her behalf. The university does not require that you make such a waiver as a condition for admission or award of fellowship or associateship. However, under the legislation you have the option of signing such a waiver as follows:

I hereby waive my right to access to this recommendation and any appropriate attachments which have been written by _____
(insert name of recommender) on behalf of my application to the PhD program. This waiver is effective insofar as the recommendation is used solely for the purpose of admission to the ECE PhD program.

Printed Name: _____　　Date: _____　　Signature: _____

(continued)

To the Recommender:

The applicant named below has applied for admission to the PhD program in ECE at The Ohio State University. Please complete this recommendation, sign and return to the ECE Graduate Studies office, 205 Dreese Lab. If you have not had the applicant as a student, please adapt items 3–4 below, if applicable, and explain your knowledge and assessment of the applicant in your recommendation. If you do not know this student well, please feel free to say so.

_____

Applicant's Last or Family Name/Surname   First   Middle

1. What is your relationship with the applicant?   ☐ Teacher/Professor ☐ Employer/Supervisor ☐ Other _____

2. Do you know the applicant well enough to give him/her a recommendation?   ☐ Yes   ☐ No
(If you checked NO, you do not need to complete the rest of this form.)

3. SUMMARY EVALUATION
Compare the applicant with a representative group of students with similar experience and training in the same field. How do you rate the applicant on general research and scholarly ability? (Check one.)

☐ outstanding (highest 5%—comparable to best students)
☐ very good (highest 10%)
☐ good (upper 25%—ability easy to identify)
☐ average (upper 50%)
☐ below average (lower 50%)

4. RECOMMENDATIONS
I would make the following recommendation for the applicant's admission to the program and degree listed on the front:

☐ strongly recommend
☐ recommend
☐ recommend with reservations
☐ do not recommend

Describe the applicant's qualifications for graduate study. Please discuss topics such as:
• performance in independent study or in research groups
• intellectual independence
• research interests
• capacity for analytical thinking
• ability to work with others
• ability to organize and express ideas clearly
• drive and motivation.

Recommender, please sign below:

Printed Name: _____   Date: _____

Signature: _____