

SCHOOL OF AERONAUTICS AND ASTRONAUTICS

Combined BSAAE/MSAA Recommendation Form

<u>To the Applicant:</u> Complete the top section providing your contact information and whether or not you waive your right to review their recommendation. Then provide this form with your completed information to one AAE professor that you had for a 300-500 level course or one that you may have done research with. The form must be returned to Hope Fortner (hfortner@purdue.edu) by the professor.

Applicant Full Name:						
PUID:	Purdue Email Address:					
Under the federal Family Educa letters of recommendation. I waive my rightI do not waive	nt to review this reco	mmendation		entitled to revi	ew their records,	including
Applicant's Signature			Da	te		
To the Faculty Recommender	: The student name	d above has app	olied for the Co	ombined BSAA	E/MSAA prograr	n. Please
rank the applicant against other						
	Outstanding (highest 5%)	Very Good (highest 10%)	Good (upper 25%)	Average (upper 50%)	Below Average (lower 50%)	No Basis t
Analytical Ability						
Quantitative Ability						
Research Ability						
Academic Preparedness						
Oral English						
Written English						
Please include an additional 1 that may describe his/her pot How long have you known the	tential for succeedii	ng in the gradu	ate program:	ormance in yo	our class or on r	esearch
In what capacity have you kno Instructor Resea		Advisee/Mento	r Other:			
Indicate the strength of your of Combined BSAAE/MSAA Programmend Highly recommend	ram:				_	
Recommender's Name:						
Recommender's Signature:				Date:		