

PURDUE UNIVERSITY
School of Electrical and Computer Engineering
 465 Northwestern Avenue
 Graduate Office
 West Lafayette, IN 47907-1285

ECE DEPARTMENTAL RECOMMENDATION FORM

To The Applicant:

Give the enclosed Recommendation forms to three of your professors. One may be given to a supervisor instead of a professor if you are employed or were formerly employed. Ask them to return the form to you in a sealed and signed envelope as soon as possible. It may be helpful if you provide each of your Recommenders with a postcard that will inform you when this Recommendation Form has been sent.

Complete items A, B, C, D and E. Deliver this form directly to the Recommender along with a stamped, addressed envelope if he/she will be mailing the recommendation form directly or provide him/her with an envelope in which he/she can seal the form and write his/her name across the seal.

A. Student Date of Birth _____ Email Address _____

B. _____
 (Student's Last or Family Name) First/Given Middle

C. Please indicate the degree for which you are applying: Doctoral Masters

D. (Those items marked with an asterisk * are very important. Please be sure to fill this information in.)

*Name of Recommender completing this form:	*Institution/Company:	
*Title:	Telephone:	Fax:
Address:	*E-mail of Recommender:	

E. Under the federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. It is your option to waive your right to review these recommendations or to decline to do so. Please mark the appropriate line below and sign your name.

I waive my right to review this recommendation. I do not waive my right to review this recommendation.

Applicant's Signature _____

To The Recommender:

The person named above has applied for admission to the Graduate Program of Purdue University, in the School of Electrical and Computer Engineering. Please complete this Personal Reference Form and return it to the applicant in a sealed envelope, signed across the seal. If you do not know this student well, please feel free to say so.

- Please review the information in Section C and make any necessary changes.
- What is your relationship with the applicant? Teacher/Professor Employer/Supervisor
 Other _____ (Please specify)
- Do you know the student 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)
- SUMMARY EVALUATION:** On the following scale, please rank the applicant against other students in comparable fields and indicate the comparison group (e.g., undergraduate students at Purdue University).

Comparison group _____

Exceptional <input type="radio"/> 1-2%	Outstanding <input type="radio"/> (highest 5%)	Very Good <input type="radio"/> (highest 10%)	Good <input type="radio"/> (upper 25%)	Average <input type="radio"/> (upper 50%)	Below Average <input type="radio"/> (lower 50%)
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Best student this year Best student in 5 years Best student in _____ years Not applicable

Note: For most students the "not applicable" box should be checked.

5. RECOMMENDATIONS FOR ADMISSION PhD PROGRAM MS PROGRAM

- | | | |
|-----------------------------------|-----------------------|-----------------------|
| I strongly recommend for | <input type="radio"/> | <input type="radio"/> |
| I recommend for | <input type="radio"/> | <input type="radio"/> |
| I recommend with reservations for | <input type="radio"/> | <input type="radio"/> |
| I do not recommend for | <input type="radio"/> | <input type="radio"/> |

I would be pleased to have the applicant work under my direction as a (check all that apply):

- Graduate Teaching Assistant Graduate Research Assistant Master's Candidate
 Doctoral Candidate Other? _____ (Please specify)

6. If known, please give the applicant's relative standing in your department (e.g., 4th in 53 or % scale) _____

7. Research requires hard work and inevitably involves setbacks which must be overcome. How would you describe the applicant's work ethic?

Exceptional <input type="radio"/> 1-2%	Outstanding <input type="radio"/> (highest 5%)	Very Good <input type="radio"/> (highest 10%)	Good <input type="radio"/> (upper 25%)	Average <input type="radio"/> (upper 50%)	Below Average <input type="radio"/> (lower 50%)
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8. If the applicant's first language is not English, please evaluate his/her proficiency to read, write, and speak English.

9. In the space below, or on a separate page that you attach to this form, please provide your candid assessment of the applicant's intellectual and personal qualifications necessary for success in graduate work. Please show student's name on all pages of correspondence.

10. If you so desire, please use this space to provide any information about yourself (educational or professional) that you feel would be helpful to the Admission Committee in evaluating this recommendation.

Signature of Recommender _____ Date _____

This recommendation should be returned to the student in a sealed envelope, signed across the seal.