

LOR - Letter of Recommendation

Instructions

Applicant should complete the top section above the dashed line, then print and forward this form to the recommender for completion, allowing time for the recommender to return it to the Graduate School before the application deadline. For the convenience of the recommender, please include a stamped envelope addressed to the Graduate School. **Also, note the waiver below.**

Recommendation on Behalf of				
Name				
Last	First	Middle		
Birth Date	Email Address			
Intended Program of Study	Т	Term and Year Applying for		
Applicant's Waiver of Right of Access to Confid Under the Family Educational Rights and Privacy Act of 19 has access to his or her educational records. We comply waiving the right of access. If you wish to waive the right unsigned, you will have access to this document upon enalternative you choose in no way affects our consideration. I hereby freely and voluntarily waive my right to any infor submitted by:	974, a student enrolled at the with this law, while still allow to examine this recomment of the University of the four application.	wing the student the option of dation, please sign. If left f South Carolina. The		
Name of recommender; provided by applicant				
Signature of applicant		Date		

To the Recommender

Because of federal legislation giving students access to educational records, The Graduate School at the University of South Carolina cannot guarantee the confidentiality of your statement, unless the applicant has signed the waiver above.



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Recommendation

Please evaluate the applicant by selecting the ranking that corresponds to the characteristic:

	Outstanding	Excellent	Very Good	Good	Average	Below Average	Cannot Assess
Analytical Ability							
Imagination/Creativity							
Motivation/Perseverance							
Initiative							
Verbal Communication							
Written Communication							
Maturity/Stability							
Overall Academic Potential							

Maturity/Stability							
Overall Academic Potential							
Where would you rank this	s applicant rela	ative to oth		ts in your p	program/dep	partment?	able
How well do you know the	applicant? Ho	ow long and	d in what	capacity?			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
If the applicant's first languest English.	uage is not Eng	glish, please	e evaluate	their prof	iciency to re	ad, write an	ıd speak



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Please provide your overall assessment of the applicant's academic ability and promise.	What do you
consider to be the applicant's principal talents or strengths?	

Recommender Signature	Date
Recommender Name	Phone
Institutional Affiliation	Department
Title	Email

Recommender: If you have a written recommendation, you may attach it to this form. Please return this form directly to the Graduate School at the University of South Carolina. You may scan this form and return it via email. You may also mail or fax the completed document as well.

Email: gradapp@mailbox.sc.edu

Fax: 803-777-2972

Mail: The Graduate School, 1705 College Street, Suite 552, Columbia, SC 29208