LETTER OF RECOMMENDATION

Applicant Name:_____
Last First Middle

DEPARTMENT OF ELECTRICAL AND COMPUTER ENGINEERING
MICHIGAN STATE UNIVERSITY

To Applicant:

The Family Education and Privacy Act of 1974 gives students the right to inspect letters of recommendation written in support of applications for admission or fellowship. This law also permits students to waive that right if they so choose, although such a waiver cannot be a condition of admission or award. If you wish to waive your right to examine this letter of recommendation please sign the waiver below.

The following signed statement indicates the wish of the applicant regarding this recommendation.

I do waive _____ I do not waive _____ my right of access to the information in this recommendation

Signed_____Date_____

To Recommender:

A. Please rate this applicant in overall promise for graduate work.

BELOW AVERAGE	AVERAGE	SOMEWHAT ABOVE AVERAGE	GOOD	EXCELLENT	OUTSTANDING	TRULY EXCEPTIONAL	INADEQUATE OPPORTUNITY TO OBSERVE
LOWEST 40	MIDDLE 20	NEXT 15	NEXT HIGHEST 15	HIGHEST 10			

B. The applicant's actual (if available) or approximate rank in his/her class is _____ out of _____ students.

C. How long have you known the applicant and in what capacity?

D. Please write additional comments about the applicant's capacity for serious scholarship and research.
(Use the back of this form if necessary.)

Signature_____ Date _____

Name (print)_____ Position_____

Institution_____Email_____

Address _____ Zip_____

Return to: Graduate Admissions
Dept. of Electrical & Computer Engineering
Michigan State University
2120 Engineering Building
East Lansing, MI 48824-1226