

Transfer from MS Program to PhD Program: Letter of Recommendation Form

TO BE COMPLETED BY APPLICANT: Student name: _____ UID: _____

Form waiver for students requiring references. Read and sign other side of page: Waived NOT Waived

Expected MS completion term: _____ Proposed PhD major field: _____

TO BE COMPLETED BY RECOMMENDER AND RETURNED TO CS GRADUATE STUDENT AFFAIRS OFFICE:

| Estimated rank of candidate among CS graduate students | Preparation | Demonstrated Ability | Promise |
|--|--|--|--|
| <input type="checkbox"/> Top 5% | <input type="checkbox"/> Exceptional | <input type="checkbox"/> Exceptional | <input type="checkbox"/> Exceptional |
| <input type="checkbox"/> 20% | <input type="checkbox"/> Good | <input type="checkbox"/> Good | <input type="checkbox"/> Good |
| <input type="checkbox"/> 50% | <input type="checkbox"/> Average | <input type="checkbox"/> Average | <input type="checkbox"/> Average |
| <input type="checkbox"/> 90% | <input type="checkbox"/> Poor | <input type="checkbox"/> Poor | <input type="checkbox"/> Poor |
| | <input type="checkbox"/> Unable to judge | <input type="checkbox"/> Unable to judge | <input type="checkbox"/> Unable to judge |

Please indicate your current opinion on serving in the following capacities to this student:

| | Strongly Positive | Positive | Neutral | Negative | Not Applicable |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| PhD Research Advisor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Specific comments on candidate's abilities. If you are the student's advisor, please instead write an accompanying letter, discussing how the thesis or comp exam demonstrates the student's potential for PhD research:

Faculty Admission Recommendation: STRONGLY RECOMMEND RECOMMEND WITH RESERVATIONS
 RECOMMEND DO NOT RECOMMEND

Faculty name (print) _____ Faculty signature _____ Date _____

FORM WAIVER FOR STUDENTS REQUESTING REFERENCES

In order to obtain candid evaluations of a student, it is desirable that letters of recommendation be written and maintained in confidence. While non-confidential letters will be received and carefully considered, confidential letters may have more utility in the assessment of the student's qualifications and abilities. Therefore, students are invited, but not required, to sign the following waiver:

"I understand that this letter of recommendation concerning me is to be written and maintained in confidence, and I expressly waive any rights I might have to access this letter under the Family Educational Rights and Privacy Act of 1974, or any other law, regulation or policy."

Student name (printed): _____

Student signature: _____ Date: _____

"I do not agree to this waiver."

Student name (printed): _____

Student signature: _____ Date: _____