

RECOMMENDATION FOR TEXAS A&M UNIVERSITY GRADUATE STUDIES

Page 1 of 2

U.S. Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**To be completed by the applicant:**

Name: Print or type your full legal name as it appears on your birth certificate and other legal documents

\_\_\_\_\_

Last or Family Name

First

Middle

Other names under which credentials may be received

\_\_\_\_\_

Last or Family Name

First

Middle

Date of Birth \_\_\_\_\_(Month/Day/Year)

Permanent Address and Telephone Number

\_\_\_\_\_

Street/P.O. Box/Apt #

(Area Code) Telephone

\_\_\_\_\_

City

County/Province

State

ZIP Code

Country

Intended Graduate Major \_\_\_\_\_ Department \_\_\_\_\_

GRE/GMAT scores: Verbal \_\_\_\_\_ Quantitative \_\_\_\_\_ Analytical/Total \_\_\_\_\_

Written \_\_\_\_\_ GRE Advanced \_\_\_\_\_

Date of GRE/GMAT or planned test date \_\_\_\_\_

GPR (based on a 4-point system) for last two undergraduate years \_\_\_\_\_

Expected (or last) degree date \_\_\_\_\_ Degree(s) \_\_\_\_\_ Expected enrollment date \_\_\_\_\_

**Optional Statement:**

I hereby waive my right of access to, and authorize Texas A&M University to use, confidential information, including but not limited to letters, statements, and recommendations received in connection with my request for admission to Graduate Studies and for financial assistance.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Month Day Year

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Applicant Name: \_\_\_\_\_

**To be completed by the recommender:**

The applicant has indicated on page 1 whether access to this recommendation has been waived. We appreciate your cooperation. If additional space is needed, please attach a separate sheet.

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Please evaluate the applicant by placing a check in the column that most nearly represents your opinion. If you lack the knowledge to make a definite rating, please check "Inadequate Opportunity to Observe."

Area of Evaluation	Inadequate Opportunity to Observe	Below Average	Average	Above Average (Upper 25%)	Superior (Top 10%)	Top 1%
Intellectual ability						
Ability to communicate						
Self reliance/independence of thought						
Motivation						
Professional interest						

Recommendation based on applicant's ability to pursue graduate study (check one):

Strongly recommend     
  Recommended     
  Recommend with reservation     
  Do not recommend

Please add any comments that might assist the department in making a judgment about the applicant's admission to graduate studies. You may continue on the other side of this sheet.

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Month    Date    Year

Name and Position \_\_\_\_\_  
(printed or typed)

Address \_\_\_\_\_

Return form to:  
 Graduate Advisor  
 Department of Biological & Agricultural Engineering  
 Texas A&M University  
 2117 TAMU  
 College Station, TX 77843-2117