Carnegie Mellon Department of Chemistry

Request for Letter of Recommendation

Carnegie Mellon is an Equal Opportunity / Affirmative Action employer.

Please type or print clearly.

Applicant’s Name: ____________________________

First Middle Last

This form should be presented to the recommender only after the following statement has been carefully reviewed by the applicant.

Family Educational Rights and Privacy Act (FERPA) (Buckley Amendment)
Under the provisions of this act, you have the right, if you enroll at Carnegie Mellon, to review your educational records. The act further provides that you may waive your right to see recommendations for admissions. It is the department’s policy to evaluate letters of recommendation without regard to whether you waive this right.

Waiver
I waive my right of access to this letter of recommendation. OR I do not waive my right of access to this letter.

Signature of applicant: ____________________________ Date: ______________

Signature of applicant: ____________________________ Date: ______________

This student is applying for admission to graduate study in chemistry at Carnegie Mellon. After responding to the items below, please use the back of this form or attach a letter with the applicant’s full name to comment specifically on the applicant’s strengths and limitations for graduate study.

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

2. Please rate the applicant in comparison with others whom you have known at similar stages in their career.

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<th>Highest %5 Exceptional</th>
<th>Next 10% Outstanding</th>
<th>Next 15% Very Good</th>
<th>Next 20% Good</th>
<th>Next 50%</th>
<th>Unable to Judge</th>
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<td>Academic performance</td>
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<td>Intellectual potential</td>
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<td>Motivation and perseverance</td>
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<td>Speaking and writing skills</td>
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<td>Ability to conduct research</td>
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Recommender: ____________________________

(Please type or print) Name: ____________________________ Title: ____________________________ Institution: ____________________________

Signature of Recommender: ____________________________ Date: ______________