



Deadline: September 30, 2011

FACULTY RECOMMENDATION FORM

To Be Completed by the Applicant

Applicant Name: _____

E-mail Address: _____ Telephone: _____

If you wish to waive the right to examine this evaluation at a later date, please sign below.

Applicant Signature: _____ Date: _____

To Be Completed by the Recommender

An application for acceptance into the University of Missouri Graduate School's Fall preview weekend, EmERGE, requires two recommendations from faculty members who are capable of judging the professional and academic promise of the applicant. You can learn more about the goals of EmERGE at <http://gradschool.missouri.edu/student-development/emerge>.

Please send **this form and a separate recommendation letter** to mugrademerge@missouri.edu in time for the applicant to meet the following deadline: **September 30, 2011**.

Recommender Name: _____

E-mail Address: _____ Telephone: _____

Postal Mail Address: _____

In what capacity do you know the applicant? _____

How long have you known the applicant? _____

How does this applicant compare with her/his peer group in academic ability?

- Truly Exceptional
Equivalent to the best you have known - a person who, in your experience, appears only every few years
- Outstanding
Comparable to the best student in your class
- Well Above Average
Top 25%
- Above Average
Demonstrated high ability
- Average
Able to complete the program of study
- Below Average
Lower 50%
- Inadequate opportunity to observe

Signature _____ Date _____

(Agreement for Electronic Submission) By checking this box and submitting this form electronically, I affirm that I am the recommender listed above. I certify the information is true and complete to the best of my knowledge.



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