LETTER OF RECOMMENDATION

(Applicant please complete the top section – Please Print)

Name of Applicant ______________________________________________________

LAST                                                      FIRST

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students may, however, waive their right of access to recommendation. The choice of the applicant regarding this recommendation is to be indicated below. Failure to sign will constitute acceptance of limited access.

☐ I do waive my right to inspect the contents of the following recommendation.
☐ I do not waive my right to inspect the contents of the following recommendation.

______________________________________            ____________________
Signature of Applicant                                                               Date

Recommendation Letter for (please check most appropriate answer):
   _____ Assistantship
   _____ Master’s
   _____ Ph.D.

1. I have known the applicant for __________ years and /or ______ months.
2. He/she has been (please check most appropriate answer):
   _____ A student in my CSC ____________ course(s)
   _____ My advisee
   _____ A personal friend
   _____ Other

3. Compared with a typical group of majors in Computer Science at this institution I would rank him/her as indicated (please check as appropriate):

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>EXCELLENT</th>
<th>VERY GOOD</th>
<th>GOOD</th>
<th>FAIR</th>
<th>POOR</th>
<th>NO BASIS FOR JUDGEMENT</th>
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<tbody>
<tr>
<td>Academic Strength</td>
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<td>Motivation</td>
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<td>Research Potential</td>
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<td>Speaking Ability</td>
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<td>Writing Ability</td>
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<td>Overall Rating</td>
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(Continued on back of form)
4. Comments:

____________________________________________________________________________________
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Name ________________________________      Title ___________________________  
Signature __________________________________       Date ____________________________
Institution _____________________________________________________________________
Address ______________________________________________________________________
Phone Number _________________________________________________________________

Please return to:
Wayne State University
Department of Computer Science
5143 Cass Avenue/431 State Hall
Detroit, Michigan 48202
U.S.A.
Fax: (313) 577-6868