

UNIVERSITY OF LOUISIANA AT MONROE

Office of Graduate Student Services

GRADUATE ASSISTANTSHIP RECOMMENDATION FORM

PRINT or TYPE. This form should be given to a person under whose direction you have studied or worked and who is able to comment on your qualifications to hold a graduate assistantships. The prospective student must complete the applicant information. Please read all instructions and sign statement before providing sponsors with this evaluation.

APPLICANT INFORMATION

Full Name: _____

Current Address: _____ Telephone Number: (____) _____ - _____
(Street)
(City, State) (Zip)

Unit in Which Assistantship is Desired: _____

Semester and Year Available: Fall 20 ____ Spring 20 ____ Type of Assistantship Preferred: ☐ Teaching ☐ Research

Please give one of these forms to each of the sponsors you select - a minimum of three is required. For the convenience of your sponsors, please include a stamped envelope addressed to the unit in which you hope to hold the assistantship. Some instructors or employers, in preparing evaluations of the students whom they know, prefer to preserve the confidentiality of any statements they make. In order to elicit the most candid evaluations possible, we offer you the opportunity of signing a waiver below. A decision not to sign will not prejudice your chances for an assistantship.

I, the undersigned, herewith ☐ Do waive ☐ Do not waive all rights at any time to examine, review, or read this rating sheet or copies thereof, which are written for, or contained in, the Graduate File at the University of Louisiana at Monroe.

Signature of Applicant

Date

SPONSOR INFORMATION

As required by U.S. Public Law 98-380 as amended by PL 93-568 (Buckley Amendment), a student may elect to waive or not to waive the right of viewing this rating sheet. If the applicant does not waive the right to view it, you should consider the sheet non-confidential and, of course, are at liberty to return the form uncompleted. Your attention is directed to the applicant's signature and statement of intention above.

Full Name: _____

Current Address: _____ Telephone Number: (____) _____ - _____
(Street)
(City, State) (Zip)

Relationship to Applicant and Affiliation: _____

Rate applicant compared to academic level	Lower Third	Middle Third	Upper Third	Upper 10%	Upper 5%	Not able to Judge
General Mental Ability						
Competence in Chosen Field						
Motivation plus Diligence						
Potential as Research Scholar						
Potential as Teacher						

Please indicate why you are recommending the applicant. If needed, please append a second sheet.

Signature of Sponsor

Date