

School of Architecture and Urban Planning

Ph.D. Recommendation for Admission

To Be Filled Out By Candidate (prior to submitting form to evaluator)

NAME _____
 Last (please print clearly) First Middle Initial

ADDRESS _____
 Street

_____ City State Postal Code

PHONE _____ E-MAIL _____

WAIVER:

In accordance with the Family Educational Rights and Privacy Act of 1974, you may waive your right to inspect this recommendation by signing the statement below. Should you decide not to waive this right, you will have access to the recommendation if you enroll in the Graduate School at the University of Wisconsin–Milwaukee.

I hereby waive my right of access to this recommendation. _____
 Signature Date

To Be Filled Out By Evaluator

Indicate the population with which the applicant is being compared in this rating.

- Undergraduate students I have taught or known Graduate students I have taught or known
- All students, graduate and undergraduate, I have taught or known

ASSESSMENT OF THE CANDIDATE:

	1	2	3	4	5	6	
Academic knowledge of major field							
Technical knowledge and skills							1 <i>Exceptional</i>
Demonstrated research ability							2 <i>Upper 5%</i>
Ability to work independently							3 <i>Upper 10%</i>
Ability to exchange and share ideas							4 <i>Upper 25%</i>
Perseverance toward goals							5 <i>Upper 50%</i>
Ability to express self in writing							6 <i>No Basis for Judgment</i>
Demonstrated teaching ability							

Please indicate the strength of your overall endorsement by placing an "X" along the scale.



