



University of South Carolina Aiken
ATTENTION: GRADUATE OFFICE
 471 University Parkway, Aiken, SC 29801
 gradadmit@usca.edu

LETTER OF RECOMMENDATION

APPLICANT: Fill in your name, social security number, and address before giving this form to the person recommending you.

You have been listed as a reference for _____
Legal Name of Applicant Last First Middle or Maiden Social Security Number

Address _____

who is applying for the _____ at
Degree

the University of South Carolina Aiken.

We would greatly appreciate your completing this form at your earliest convenience since we cannot review the applicant's record without it. No carbon paper is required, but please write or type firmly and return this form to the above address. This form may be examined by the applicant upon request unless the waiver of access below is signed.

TO THE STUDENT: If you prefer this to be a confidential letter of reference, you must sign and date the waiver of access below.
 WAIVER OF ACCESS: I, the undersigned, waive the right of personal access to the reference.
 Signed _____ Date _____

1. How well do you know the applicant? How long and in what capacity?

2. Give your opinion of the applicant's qualifications (i.e., intellectual ability, motivation, work habits) to do graduate work in the selected field.

3. Where would you rank this student with those currently in your department:
 Lower 25% Mid 25% Upper 25% Highest 10% Highest 5%

4. Additional remarks:

Date _____ Signature _____

Name _____ Title _____

Address _____