

To be completed by the applicant

Name: Print or type your full legal name as it appears on your birth certificate and other legal documents.

_____ Last or Family Name First Middle

Other names under which credentials may be received

_____ Last or Family Name First Middle

Date of Birth _____ (Month/Day/Year)

Permanent Address and Telephone Number

_____ Street/P.O. Box/Apt. # (Area Code) Telephone

_____ City County/Province State ZIP Code Country

Intended Graduate Major _____ Department _____

GRE/GMAT scores: Verbal _____ Quantitative _____ Analytical/Total _____
 Written _____ GRE Advanced _____

Date of GRE/GMAT or planned test date _____
 GPR (based on a 4-point system) for last two undergraduate years _____

Expected (or last) degree date _____ Degree(s) _____ Expected enrollment date _____

Texas A&M University
 Graduate Advisor, Department of _____ (Field of Study)
 _____ TAMU (Mail Stop—see pp. 5-8)
 College Station, TX 77843-_____ (Mail Stop)

OPTIONAL STATEMENT:

I hereby waive my right of access to, and authorize Texas A&M University to use, confidential information, including but not limited to letters, statements and recommendations received in connection with my request for admission to Graduate Studies and for financial assistance.

Signature _____ Date _____
Month Day Year

To be completed by the recommender

The applicant has indicated above whether access to this recommendation has been waived. We appreciate your cooperation. If additional space is needed, please attach a separate sheet.

How long have you known the applicant? _____ In what capacity? _____

Please evaluate the applicant by placing a check in the column that most nearly represents your opinion. If you lack the knowledge to make a definite rating, please check "Inadequate Opportunity to Observe."

Area of Evaluation	Inadequate Opportunity to Observe	Below Average	Average	Above Average (Upper 25%)	Superior (Top 10%)	Top 1%
Intellectual ability						
Ability to communicate						
Self Reliance/Independence of thought						
Motivation						
Professional interest						

Recommendation based on applicant's ability to pursue graduate study (check one):
 Strongly recommend Recommend Recommend with reservation Do not recommend
 Please add any comments that might assist the department in making a judgment about the applicant's admission to graduate studies. You may continue on the other side of this sheet.

Signature _____ Date _____
Month Day Year

Name and Position _____
(printed or typed)

Address _____