

## RECOMMENDATION FORM

**Applicant: Do not** have this form returned to Graduate Studies. This form is to be returned to the Department of Biological Sciences at this address:

Department of Biological Sciences  
921 S. 8<sup>th</sup> Avenue, Stop 8007  
Pocatello, ID 83209-8007

Failure to follow these mailing instructions may result in the loss of your Recommendation Form and/or an indefinite delay in your application being processed.

Name of Applicant: \_\_\_\_\_  
(Please print)                                      Last name (Family Name)      First Name (Given Name)                      Middle Name  
Social Security Number: \_\_\_\_\_

Proposed graduate degree: \_\_\_\_\_  
Application for Fall 20 \_\_\_\_\_                      Spring 20 \_\_\_\_\_

**To Recommender:**

We would appreciate your opinion of the person named above who is applying for admission and/or a fellowship at Idaho State University. What are your personal impressions of the candidate's intellectual capacity, ability in research or professional skill, promise of productive scholarship, and quality of previous work? **Attach additional sheet if desired.**

Because Idaho State University is in compliance with Section 504 of the Rehabilitation Act of 1973 we discourage you from referring directly or indirectly to an applicant's disability.

**IMPORTANT:** Please rate this student in over-all promise. Check appropriate box.

BELOW AVERAGE	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	INADEQUATE OPPORTUNITY TO OBSERVE
Less than 50%	50-75%	Top 25%	Top 10%		

Recommender's Name: \_\_\_\_\_  
(Please Print)

Position or Title: \_\_\_\_\_ at \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Electronic Mail Address: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Do not return the completed form to the applicant or Graduate Studies. **Mail directly to the address above.** If applicant is applying for admission and assistantship consideration, this form must be received no later than **FEBRUARY 1.**

**WAIVER OF RIGHT OR ACCESS FORM**

This form has been provided in the event that your recommender requires that you waive access to the recommendation form. Print one for each recommender. Complete and attach to the Recommendation Form.

**WAIVER OF RIGHT OF ACCESS**

\*I hereby waive my right of access to this recommendation and any appropriate attachments which have been written by \_\_\_\_\_ (name of recommender; **PLEASE PRINT**) in behalf of my application for an assistantship at Idaho State University. This waiver is effective insofar as the recommendation is used solely for the purpose of award of an assistantship.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

\*The Family Educational Rights and Privacy Act of 1974, as amended (P.L. 93-380), allows a candidate for admission, employment, or receipt of honors to waive his or her right of access to confidential letters or statements written in his or her behalf if the recommendation is used solely for the purpose of admission, employment, or the receipt of honors and if the candidate, upon request, is notified of the name of all persons making such recommendations on his or her behalf. The University does not require that you make such a waiver as a condition for admission or award of an assistantship. However, under the legislation you have the option of signing such a waiver as above.