



Department of Mathematics
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Name of Applicant: _____

Applicant: Before giving this form to an advisor, professor, or other individual familiar with your potential for graduate work in Mathematics, please check and sign. This is in accordance with the Family Education and Privacy Act of 1974.

I waive my right of access to this letter of recommendation.

I do not waive my right of access to this letter of recommendation.

Signature

Date

Name & Title of Recommender: _____

Institution: _____

Signature: _____ Date: _____

Please rank the applicant in comparison to other Mathematics students whom you have known at a comparable stage of career.

	Highest			Lowest			Can't Evaluate
Scholarship	5	4	3	2	1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Initiative	5	4	3	2	1		
Enthusiasm	5	4	3	2	1		
Maturity	5	4	3	2	1		
Flexibility	5	4	3	2	1		

I would rank this applicant in the upper _____ % of approximately _____ undergraduates / graduates (please circle one) with whom I have worked.

On your professional letterhead, please describe how long you have known this applicant, in what capacity, and give a candid analysis of their potential for success in studying graduate level mathematics.

Please return this form together with your letter of recommendation directly to:

Graduate School
 300 Kerr Administration Bldg
 Oregon State University
 Corvallis, OR 97331