WRIGHT STATE
UNIVERSITY

Letter of Recommendation

Graduate Assistantship Application

Last name | First | Middle/Maiden | Social Security number

Street address | City | State/Zip | Area Code/Telephone

has applied for a graduate assistantship in the Department of _____

I waive the rights of access to the contents of this letter. ☐ yes ☐ no

Signature

The above is to be completed by the applicant

1. Please briefly state in what capacity and the length of time you have known the above applicant:

2. How would you rank the applicant compared with others of the same academic level and experience in the following areas:

	Highest 10%	20%	Average 40%	20%	Lowest 10%	Don't Know
Intellectual independence						
Capacity for analytical thinking						
Ability to work with others						
Ability to organize & express ideas clearly (orally & written)						
Initiative & enthusiasm						

3. What is your evaluation of the applicant's overall ability and motivation to succeed in graduate studies?

Signature | Date

Do not return to applicant—Please mail directly to: Department (indicated above in shaded area)
Wright State University
3640 Colonel Glenn Hwy.
Dayton, Ohio 45435-0001

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