

RECOMMENDATION FORM (COMPUTATIONAL ENGINEERING)

**Computational Engineering Graduate Program
The University of Tennessee at Chattanooga**

APPLICANT: Please complete **PART A** of this form and then give it to the person recommending you.

EVALUATOR: Please complete **PART B** of this form and send it to **The UTC Graduate School, The University of Tennessee at Chattanooga, 615 McCallie Ave., Department 5305, Chattanooga, TN 37403**. If the actual recommendation is submitted on a separate sheet, please attach this form.

PART A - REQUEST FOR EVALUATION (To be completed by applicant):

Full Name of Applicant: Mr. () Ms. ()

Date of Birth: Month _____ Last _____ Day _____ First _____ Middle _____ Year _____

Degree you wish to seek (M.S./Ph.D.): _____

Semester you wish to enter: Fall () Spring () Summer () Year _____

Waiver of Access: I agree that this recommendation will remain confidential.

Signature of Applicant (Optional) _____

PART B - EVALUATION OF APPLICANT (To be completed by person recommending applicant):

- How well do you know the applicant? How long have you known the applicant and in what capacity?

- Please give your opinion of the applicant's qualifications to do graduate-level work in his/her field.

Please complete the following.

	Exceptional	Above Average	Average	Below Average	No Basis for Judgement
Intellectual Ability					
Writing Ability					
Speaking Ability					
Knowledge of Proposed Area of Study					
Motivation					
Emotional Stability					
Ability to Work Independently					
Teaching Ability					

	Doctoral Program	Master's Program	Other (Please Specify)
I would strongly recommend for			
I would recommend for			
I would recommend with reservations for			
I would not recommend for			

Indicate applicant's promise for success in a graduate program. () Outstanding () Above Average () Average () Poor ()

SIGNATURE

DATE

INSTITUTION

NAME (please print or type)

TITLE

ADDRESS