LETTER OF RECOMMENDATION COVERSHEET

Return directly or with application to:

Chemistry Graduate Admissions Office 515-294-7810
Department of Chemistry 800-521-2436
1605B Gilman Hall Fax Number
Iowa State University 515-294-0105
Ames, IA 50011-3111 U.S.A. e-mail address for letters
chemgrad@iastate.edu chemlett@iastate.edu

is applying for admission into the Graduate Program of the Department of Chemistry, Iowa State University for the coming year.

Last Name         First Name                                Middle Name   Program of the Department of Chemistry, Iowa State University for the coming year.
___________________________________________  ____________________________________________
City                             State                       Zip                Country
______________________________________________________
Email

What is the extent of your acquaintance with the applicant? ___________________________

Where would you rank the applicant among other students in recent years: (Please circle one)

Top 2%       Top 5%      Top 10%       First Quarter       Second Quarter       Lower Half

The Admissions Committee would appreciate your estimate of the applicant’s aptitude for graduate study, including scholastic achievement motivation, emotional maturity, and promise of professional success.

Please attach this form to a recommendation letter on university or company letterhead and send to the address listed above. OR if you prefer, you may email your letter of recommendation for this student to chemlett@iastate.edu from your university email address (e.g., xxx@xxx.edu).

Check one: The applicant is likely:  

_____ to be an outstanding graduate student. 
_____ to be well above average, but not outstanding. 
_____ to be above average. 
_____ to perform graduate work satisfactorily 
_____ to not succeed in graduate study.

Name (Please Print)                 Title
___________________________________________  ____________________________________________
Institution                        Signature                 Date
___________________________________________
Phone Number  Email address
___________________________________________

CONFIDENTIALITY INFORMATION:
STUDENT: (circle your choice and sign): I hereby waive / do not waive my right of access, under the Family Educational Rights and Privacy Act of 1974, 20 U.S.C.A. Par. 1232g(a)(1), to this letter of recommendation in regard to my application to Iowa State University. I understand that this letter will be used by the Graduate College in its procedures relative to admission and fellowships.

Applicant’s Signature                 Date

Recommender: An enrolled student has access to confidential letters of recommendation unless the applicant has waived that right.

Iowa State University does not discriminate on the basis of race, color, age, religion, national origin, sexual orientation, sex, marital status, disability, or status as a U.S. Vietnam Era Veteran. Inquiries can be directed to the Director of Affirmative Action, 318 Beardshear Hall, (515) 294-7612. (Rev. 7/10)