

**Oregon State University**  
Department of Physics, 301 Weniger Hall, Corvallis, OR 97331  
**LETTER OF RECOMMENDATION**

**PART 1. TO BE COMPLETED BY APPLICANT**

Name of Applicant (Last/Family) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

I authorize the preparation of a confidential evaluation and understand that the material will be kept confidential both from me and from the public.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**PART 2. TO BE COMPLETED BY RESPONDENT**

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

What do you think is the applicant's strongest characteristic? \_\_\_\_\_

What do you think is the applicant's weakest characteristic? \_\_\_\_\_

Please rank the applicant on a scale: 1(excellent) 2(good) 3(average) 4(marginal) 5(unacceptable)

Oral expression \_\_\_\_\_ Written expression \_\_\_\_\_ Intellectual potential \_\_\_\_\_

Academic performance \_\_\_\_\_ Teaching capability \_\_\_\_\_ Motivation for graduate study \_\_\_\_\_

If English is not the applicant's native language, please comment of the student's ability to communicate in English: \_\_\_\_\_

General remarks (attach a separate letter if necessary):

Please mail this form directly to the Department of Physics (address on top of form)

NAME: \_\_\_\_\_ POSITION OR TITLE: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_