

THE JOHNS HOPKINS UNIVERSITY
Krieger School of Arts and Sciences
Whiting School of Engineering

LETTER OF RECOMMENDATION

TO APPLICANT: Fill in your name, intended department, and the name of the person recommending you, and sign one of the statements below. Then present this form, with an envelope addressed to yourself, to a faculty member who is acquainted with you and your academic work.

Name of Applicant: _____

Department of _____ Beginning _____ 20 _____

Name of Recommender _____

This recommendation will not be considered unless you sign one of the statements below.			
The Family Educational and Privacy Act of 1974 gives the student the right to inspect letters of recommendation written in support of applications for admission or fellowship. The law also permits students to waive that right if they choose, although such a waiver cannot be a condition of admission or award.			
The undersigned hereby waives any right to inspect the recommendation submitted by the person to whom this form is being given.	The undersigned, if admitted to graduate study at The Johns Hopkins University, reserves the right after enrollment, to inspect the recommendation submitted by the person to whom this form is being given.	The undersigned hereby waives any right to inspect the recommendation submitted by the person to whom this form is being given.	The undersigned, if admitted to graduate study at The Johns Hopkins University, reserves the right after enrollment, to inspect the recommendation submitted by the person to whom this form is being given.
Applicant's Signature _____	Date _____	Applicant's Signature _____	Date _____

TO RECOMMENDER: Any information you can give about the character and scholarship of the above named applicant will be appreciated. Please indicate your opinion of how the applicant will respond to and benefit from a program of graduate studies at The Johns Hopkins University. Your estimate of the applicant's initiative and potential for research and teaching in the department or program indicated above would be particularly helpful. If the applicant is currently registered in a graduate program at your institution, do you know the reason he or she is changing institutions? Please use the space below for your statement. Please attach a separate piece of paper if necessary.

In addition to your recommendation letter, please fill in the following table comparing the applicant to undergraduate students you have known at your institution that have applied to graduate school. Or, if you feel more comfortable using another group as a basis for comparison, please indicate that group here _____.

Characteristic	Top 2%	Top 5%	Top 10%	Top 25%	Top 50%	Bottom 50%	Don't Know
Intellectual Depth							
Willingness to work hard							
Creativity							
English writing ability							
Motivation							
English speaking ability							

Signature _____ Date _____	Name _____ Title _____ Department _____ Business Address _____ _____
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Mailing instructions:
Please send the completed form directly to the department or to the student. Seal and sign the envelope along the back flap.
Department address: [Department Name], Johns Hopkins University, 3400 North Charles Street, Baltimore, MD 21218