

PENNSSTATE



DEPARTMENT OF
CHEMISTRY

LETTER OF RECOMMENDATION

TO APPLICANT: Please fill in this section completely, before giving to person writing the recommendation.

Last name/ First or
Family Name: _____ Given Name: _____ Middle Name: _____

College/Universities Attended _____

I DO DO NOT waive any right to inspect the recommendation submitted by the person to whom this form is being given.

Applicant's Signature Date

TO RECOMMENDER: The Graduate Admissions Committee would appreciate your opinion concerning the person named above who is under consideration for admission for graduate work in chemistry and for possible appointment to a teaching and/or research assistantship in this department. What are your personal impressions of the candidates: 1) capacity for and commitment to graduate work and research in chemistry? 2) scholarship? 3) character and personality? A comparison of this candidate with other graduate students in this department whom you have known would be particularly helpful to us. Use the reverse side of this form if necessary. Thank you for your assistance.

In which portion of the class would you rank this applicant: Top 50% Top 25% Top 10% Top 5%

Signature _____ Name (please print) _____

Title _____ Department _____

Address _____

NOTE: Please send directly to: Graduate Admissions
Department of Chemistry
The Pennsylvania State University
104 Chemistry Research Bldg., Box 69
University Park, PA 16802-4615