

To be completed by the applicant

Name: Print or type your full legal name as it appears on your birth certificate and other legal documents.

Last or Family Name	First	Middle
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Other names under which credentials may be received

Last or Family Name	First	Middle
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Date of Birth _____ (Month/Day/Year)

Permanent Address and Telephone Number

Street/P.O. Box/Apt. #	(Area Code) Telephone
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City	County/Province	State	ZIP Code	Country
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Intended Graduate Major _____ Department _____

GRE/GMAT scores: Verbal _____ Quantitative _____ Analytical/Total _____
 Written _____ GRE Advanced _____

Date of GRE/GMAT or planned test date _____
 GPR (based on a 4-point system) for last two undergraduate years _____

Expected (or last) degree date _____ Degree(s) _____ Expected enrollment date _____

OPTIONAL STATEMENT:

I hereby waive my right of access to, and authorize Texas A&M University to use, confidential information, including but not limited to letters, statements and recommendations received in connection with my request for admission to Graduate Studies and for financial assistance.

Signature _____ Date _____
Month Day Year

To be completed by the recommender

The applicant has indicated above whether access to this recommendation has been waived. We appreciate your cooperation. If additional space is needed, please attach a separate sheet.

Mail this form to: Texas A&M University
 Graduate Advisor, Department of _____
 College Station, TX 77843

How long have you known the applicant? _____ In what capacity? _____

Please evaluate the applicant by placing a check in the column that most nearly represents your opinion. If you lack the knowledge to make a definite rating, please check "Inadequate Opportunity to Observe."

Area of Evaluation	Inadequate Opportunity to Observe	Below Average	Average	Above Average (Upper 25%)	Superior (Top 10%)
Intellectual ability					
Ability to communicate					
Self Reliance/Independence of thought					
Motivation					
Professional interest					

Recommendation based on applicant's ability to pursue graduate study (check one):
 Strongly recommend Recommend Recommend with reservation Do not recommend

Please add any comments that might assist the department in making a judgment about the applicant's admission to graduate studies. You may continue on the other side of this sheet.

Signature _____ Date _____
Month Day Year

Name and Position _____
(printed or typed)

Address _____