Letter of Recommendation

GRADUATE CENTER FOR TOXICOLOGY, 306 HEALTH SCIENCES RESEARCH BUILDING
UNIVERSITY OF KENTUCKY, LEXINGTON, KY 40536-0305
gctinfo@uky.edu

TO BE COMPLETED BY APPLICANT

Name_____

Name of Recommender_____ Title_____

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.

Please sign one (and only one) of the two statements below:

I hereby waive any right to inspect the recommendation submitted by the person to whom this form is being given.

_____
Applicant's signature Date

If admitted to graduate student at University of Kentucky, I reserve the right after enrollment to inspect the recommendation submitted by the person to whom this form is being given.

_____
Applicant's signature Date

THE RECOMMENDER

Whenever possible, please rate this applicant relative to other students who have gone to graduate school in recent years.

	POOR	**FAIR**	**GOOD**	**EXCELLENT**	**OUTSTANDING**	**INSUFFICIENT KNOWLEDGE TO RATE**
	Lowest 0-50%	Next Highest 50-75%	Next Highest 70-80%	Next Highest 80-90%	Highest 90-100%	
Originality						
Scientific curiosity						
Proficiency in lab work						
Ability to exchange ideas						
Persistence in pursuing goals						
Emotional maturity						

On a separate sheet or on the back of this sheet, please comment in as much as detail as possible on the strengths and weaknesses of the above named applicant. We are particularly concerned with his/her potential for independent research in Toxicology.

Name_____

Address_____

Signature_____Date_____