Request for Letter of Recommendation

Carnegie Mellon University
Department of Mathematical Sciences

Return this form directly to:
Department of Mathematical Sciences
Carnegie Mellon University
Pittsburgh, PA 15213 U.S.A.
(412) 268-2545

Applicant’s Name
(please type or print)

This form should be presented to the respondent only after the following statement has been carefully reviewed by the applicant.

Family Educational Rights and Privacy Act (FERPA) (Buckley Amendment)

Under the provisions of this Act, you have the right, if you enroll at Carnegie Mellon, to review your educational records. The act further provides that you may waive your right to see recommendations for admission. If you wish to waive this right, please sign and date the statement below. It is the department’s policy to evaluate letters of recommendation without regard to the presence or absence of such a waiver.

Waiver

I waive any right of access that I may have to this letter of recommendation.

Applicant’s Signature

This student is applying for admission to graduate study in mathematics at Carnegie Mellon. Please write concerning his or her qualifications. (If necessary use other side, or attach a letter.)

Please rank the applicant:

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<th></th>
<th>Truly Outstanding</th>
<th>Excellent</th>
<th>Good</th>
<th>Adequate</th>
<th>Poor</th>
<th>Unable to Judge</th>
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<tbody>
<tr>
<td>Intellectual ability</td>
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<td>Breadth of mathematical knowledge</td>
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<td>Motivation/willingness to work</td>
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Respondent (please type or print)  Title  Institution

Signature of Respondent  Date