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## LOR - Letter of Recommendation

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### Instructions

Applicant should complete the top section above the dashed line, then print and forward this form to the recommender for completion, allowing time for the recommender to return it to the Graduate School before the application deadline. For the convenience of the recommender, please include a stamped envelope addressed to the Graduate School. **Also, note the waiver below.**

### Recommendation on Behalf of

Name \_\_\_\_\_  
Last First Middle

\_\_\_\_\_ Birth Date Email Address

\_\_\_\_\_ Intended Program of Study Term and Year Applying for

### Applicant's Waiver of Right of Access to Confidential Statement

Under the Family Educational Rights and Privacy Act of 1974, a student enrolled at the University of South Carolina has access to his or her educational records. We comply with this law, while still allowing the student the option of waiving the right of access. If you wish to waive the right to examine this recommendation, please sign. If left unsigned, you will have access to this document upon enrollment at the University of South Carolina. The alternative you choose in no way affects our consideration of your application.

I hereby freely and voluntarily waive my right to any information contained on this recommendation form submitted by:

\_\_\_\_\_  
Name of recommender; provided by applicant

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

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### To the Recommender

Because of federal legislation giving students access to educational records, The Graduate School at the University of South Carolina cannot guarantee the confidentiality of your statement, unless the applicant has signed the waiver above.



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**Recommendation**

Please evaluate the applicant by selecting the ranking that corresponds to the characteristic:

	Outstanding	Excellent	Very Good	Good	Average	Below Average	Cannot Assess
Analytical Ability							
Imagination/Creativity							
Motivation/Perseverance							
Initiative							
Verbal Communication							
Written Communication							
Maturity/Stability							
Overall Academic Potential							

Where would you rank this applicant relative to other students in your program/department?

Below 50%      Top 50%      Top 25%      Top 10%      Top 5%      Top 1%      Not Applicable

How well do you know the applicant? How long and in what capacity?

If the applicant's first language is not English, please evaluate their proficiency to read, write and speak English.



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Please provide your overall assessment of the applicant's academic ability and promise. What do you consider to be the applicant's principal talents or strengths?

Recommender Signature	Date
Recommender Name	Phone
Institutional Affiliation	Department
Title	Email

**Recommender:** If you have a written recommendation, you may attach it to this form. Please return this form directly to the Graduate School at the University of South Carolina. You may scan this form and return it via email. You may also mail or fax the completed document as well.

**Email:** gradapp@mailbox.sc.edu

**Fax:** 803-777-2972

**Mail:** The Graduate School, 1705 College Street, Suite 552, Columbia, SC 29208