## THE UNIVERSITY OF MONTANA GRADUATE SCHOOL RECOMMENDATION FORM

Арр	olicant Must	Complete This Se	ection (with or with	hout signature)			
Name of applicant (please print):				_ Date of birth:	Date of birth: (mm/dd/year)		
Department/program applying to:			_ Degree apply	ying for:			
I hereby voluntarily waive my right to	inspect this c	confidential persona	al reference report:				
(If you choose not to sign this waiver, you w Act of 1974.)	vill have acces:	s to this personal refe	Applicant's serence report in accor		nily Educational Ri	ights and Privacy	
RESPONDENT: Return recommend	dation to the	applicant by:					
Name of respondent:							
Title:							
How long have you known the applican			_				
In what capacity have you known the a							
I. Applicant's academic							
have had approximately the same amou applicant. If he/she waived right of a Degree of mastery of the							
fundamental knowledge in his/her general field.							
Knowledge of and ability to use the basic techniques in his/her field.							
Ability to express himself or herself in speech and writing.							
Self-reliance and independence in his/her major field.							
Motivation toward a successful, productive career.							
Mature judgment and appropriate behaviors in academic and professional settings.							
Possession of imagination and originality in his/her field.							
Growth during the total period in which you observed him/her.							

## II. Letter of Recommendation

Signature of Respondent: Date