



Recommendation for Graduate Student

Email: office@iapghouston.org

To the Applicant

Complete this section of the form and then give it to a person who is in a position to evaluate your potential for success in a graduate program

Your Name: Last _____ First: _____ Middle Initial: _____

Desired Degree: _____

Chosen Institution and Department: _____

Name, title and address of the person who will complete this form: _____

To the Person Making the Recommendation

Thank you for your willingness to help us evaluate this applicant for granting this scholarship. We wish to determine both the applicant's aptitude for graduate study and the probability of success and personal satisfaction in the chosen career. Your comments will be carefully considered by the admissions committee. This form is solely for your convenience, and if you prefer, you may express your opinion in the form of a letter.

How long have you known the applicant? _____

Under what relationship? _____

	Exceptional	Superior	Average	Poor	Not Observed
Interest in Proposed Field					
Technical Knowledge in Proposed Field					
Creativity and Ingenuity					
Research Ability or Potential Engineering Capability					
Ability to Communicate					
Initiative					
Ability to get along with others					
Maturity					
Estimation of Probability of Success					
English Proficiency (if native language other than English)					

Would you accept the candidate for a position (student or employee as applicable) under your supervision?

Yes No

Please use this space to comment on the applicant (you may use reverse side for additional comments).

Signed _____

Date _____

Title _____

Email _____

Institution or Firm _____