

**Recommendation Form  
Graduate School  
The University of Akron**



**To the Applicant**

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ birth date: \_\_\_\_\_

last \_\_\_\_\_ first \_\_\_\_\_ middle \_\_\_\_\_

Under the provision of the Family Educational Rights and Privacy Act of 1974, if you enroll in The University of Akron's Graduate School, you have the right to review your educational records. The act further provides that you may waive your right to see recommendations for admission or financial aid. Please indicate below by checking the appropriate statement and signing your name whether you wish to waive this right. The Graduate School places no value on your decision in this matter.

I waive my right to access to this recommendation form.

I do not waive my right to access to this recommendation form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send (1) this recommendation form—you may make copies--and (2) a self-addressed stamped envelope, with your address, to each appraiser.

**To the Appraiser**

The person named above is applying for admission and/or an assistantship to The University of Akron. In our consideration of applicants, we are particularly interested in the candid comments of individuals familiar with his/her professional accomplishments. Please assist us by providing the information requested below. We do not want to restrict your response to these qu

Describe the applicant's strengths. \_\_\_\_\_