

UNIVERSITY OF MISSOURI-COLUMBIA

Department of Agricultural Economics
200 Mumford Hall
Columbia, Missouri 65211

Recommendation Form

THIS FORM COMPRISES A NECESSARY PART OF THE APPLICATION FOR ADMISSION AND/OR ASSISTANCE. EACH APPLICANT IS ASKED TO COMPLETE THE TOP PORTION AND TO SIGN THE STATEMENT ON THE SECOND PAGE BEFORE DISTRIBUTING THIS FORM TO REFERENCES. UPON COMPLETION, RECOMMENDERS SHOULD SEND THIS FORM TO THE DIRECTOR OF GRADUATE STUDIES AT THE ABOVE ADDRESS.

Applicant, please type or print the following information:

Name Last or Family Name First Name Second Name

Desired Special Field of Study

Degree Sought (circle one) Masters PhD

Recommender, please provide the following information on the above listed Applicant.

Name of Recommender

Title

Institution or Firm

I have known the Applicant as

Please rate the Applicant in comparison with others of his/her age and position whom you have known.

Table with 4 columns: Skill/Attribute, Average or Below Average, Above Average, Outstanding (Top 10%). Rows include Master of fundamental economic knowledge, Quantitative skills, Writing skills, Initiative and motivation, Emotional stability and maturity, Self-reliance and independence in scholarly work.

Do you think the Applicant's grades are a reliable index of his/her academic ability?
Yes ___ No ___ Don't know ___ If your answer is No, please explain briefly.

We would appreciate any additional pertinent information on outstanding abilities, achievements, or character of the Applicant. We are interested in your opinion of the applicant's ability and commitment to carry on graduate studies in agricultural economics. Comments on the Applicant's ability to teach, conduct significant research, and make mature scholarly judgments would be particularly helpful. (Attach an additional sheet if needed.)

Considering the Applicant's academic record, special abilities, ambition, and determination, please indicate your recommendation to the Admissions Committee:

	<u>Ph.D. Program</u>	<u>Masters Program</u>
Recommend strongly for	_____	_____
Recommend for	_____	_____
Recommend with reservations for	_____	_____
Cannot recommend for	_____	_____

Recommender's Signature

Date

Applicant: I understand that I may waive my right of access to confidential letters, statements and recommendations in respect to this application as long as such recommendations are used only in connection with my request for admission to the Graduate School and for financial assistance. I also recognize that I can request and be notified of all persons writing confidential letters, statements and recommendations.

I hereby waive my right of access to such confidential material contained in my individual departmental file and hereby authorize the Department and the Graduate School to use such letters, statements and recommendations in connection with my request for admission to the Graduate School and for financial assistance.

Applicant's Signature

Date