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**Letter of Recommendation**

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**Applicants Instructions**

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Applicant's name (please print or type)

Student ID Number

Applicant: Before you give this form to an instructor or other person acquainted with your qualifications for graduate work, please sign and check below, in accordance with the Family Educational Rights and Privacy Act of 1974, as amended.

\_\_\_\_\_ I hereby waive my right of access to this letter of recommendation.

\_\_\_\_\_ I do not waive my right of access of this letter of recommendation.

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Signature

Date

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**Letter of Recommendation**

We are particularly interested in this applicant's overall promise as a student in a professional graduate program. Please rate the applicant in the following areas, using a five-point scale: 1=truly outstanding (top 5%); 2=superior (top 10%); 3=above average (top 20%); 4=average; 5= below average; X=inadequate knowledge to rate.

\_\_\_\_\_ Professional promise

\_\_\_\_\_ Ability to meet deadlines

\_\_\_\_\_ Intelligence (general knowledge)

\_\_\_\_\_ Ability to profit from criticism

\_\_\_\_\_ Maturity

\_\_\_\_\_ Verbal communication skills

\_\_\_\_\_ Motivation

\_\_\_\_\_ Written communication skills

\_\_\_\_\_ Ability to work independently

\_\_\_\_\_ Analytic ability

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Please comment on the applicant's overall promise as a student in our professional graduate program. How long and under what circumstances have you known the applicant? What reference group did you use in the above ratings? What are the applicant's assets and liabilities? Please feel free to use the back of this form if you need additional space, or you might wish to attach comments on your letterhead.

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Recommender's name (please print or type)

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Recommender's signature

Date

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Position

Institution

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**Mailing Address**

Please mail the form directly to Louisiana State University; School of Architecture; 136 Atkinson Hall; Louisiana State University, Baton Rouge, LA 70803-5710 or FAX to (225) 578-2168.