# Application for Graduate Study - Letter of Recommendation

<table>
<thead>
<tr>
<th>NAME OF APPLICANT:</th>
<th>LAST OR FAMILY NAME</th>
<th>FIRST</th>
<th>MIDDLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSU ID # (complete if you have a CSU ID #)</td>
<td>DEGREE PROGRAM (M.S. or Ph.D.)</td>
<td>APPLICATION DEADLINE</td>
<td>December 15</td>
</tr>
</tbody>
</table>

**TO THE RECOMMENDER:** Please fill in the information requested above and then give the form to a faculty member or scientist who has current or recent knowledge of your academic and/or research experience and ability. Request that the completed form be mailed/delivered directly to you in a sealed and signed envelope. Mail the sealed envelope to the Microbiology, Immunology & Pathology Graduate Program Assistant along with your statement of research interests and career goals. If the recommender prefers, he/she may mail or fax it directly to the Graduate Program Assistant.

PLEASE COMPLETE AND SIGN THE FOLLOWING STATEMENT BEFORE SUBMITTING THIS FORM TO THE RECOMMENDER. This request is in compliance with Federal Law P.L. 93-380 (Family Educational Rights and Privacy Act of 1974 and its amendments). Waiver of your right to access is not required for admission to the program and is voluntary on your part. You have the option of (1) signing the following waiver, or (2) declining to do so.

1. I EXPRESSLY WAIVE any rights I might have to access this letter of recommendation under the Family Educational Rights and Privacy Act of 1994.

   [Signature]

2. I DO NOT WAIVE my right of access to this letter of recommendation.

   [Signature]

**TO THE APPLICANT:** Please fill in the information requested above and then give the form to a faculty member or scientist who has current or recent knowledge of your academic and/or research experience and ability. Request that the completed form be mailed/delivered directly to you in a sealed and signed envelope. Mail the sealed envelope to the Microbiology, Immunology & Pathology Graduate Program Assistant along with your statement of research interests and career goals. If the recommender prefers, he/she may mail or fax it directly to the Graduate Program Assistant.

**HOW LONG AND IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT?**

**SUMMARY EVALUATION:** ADMISSION TO GRADUATE STUDY IS

- [ ] Strongly recommended
- [ ] Recommended
- [ ] Recommended with reservations
- [ ] NOT recommended

**SIGNATURE**

**DATE**

**NAME (PRINT)**

**TITLE**

**INSTITUTION**

**ADDRESS**

**PHONE NO.**

**E-MAIL**

Please turn to the other side of this form to complete this recommendation.
Comments

On this page or on your own letterhead paper, please describe the applicant's abilities and potential for graduate study. Comment on his/her scholarly achievements, performance in independent study or research programs, potential for teaching, capacity for analytical thinking, ability to organize and express ideas clearly, or any other characteristics that you deem relevant. Your personal observation is an extremely important component of this recommendation.

If you have questions regarding the completion of this form please contact:

Graduate Program Assistant
Colorado State University
1682 Campus Delivery
Fort Collins, CO 80523-1682
Phone: 970-491-1630
E-mail: microbio@colostate.edu

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