

University of Wisconsin – Milwaukee School of Architecture and Urban Planning

Recommendation for Admission to Master’s Degree Program

To Be Filled Out By Applicant (prior to submitting form to evaluator)

DEGREE PROGRAM: Fall Admission: Summer Admission: Fall/Spring Admission:
 M.Arch (2) M.Arch (3-1/2) MUP ____ Fall ____ Spring
 M.Arch/MUP (3) M.Arch/MUP (4-1/2)

YEAR YOU PLAN TO ENTER: _____

APPLICANT _____
 Last Name (please print clearly) First Name Middle Initial

ADDRESS _____
 Street

 City State Postal Code

PHONE _____ E-MAIL _____

WAIVER:

In accordance with the Family Educational Rights and Privacy Act of 1974, you may waive your right to inspect this recommendation by signing the statement below. Should you decide not to waive this right, you will have access to the recommendation if you enroll in the Graduate School at the University of Wisconsin–Milwaukee.

I hereby waive my right of access to this recommendation. _____
 Signature Date

To Be Filled Out By Evaluator

I HAVE KNOWN THE APPLICANT THROUGH:

Work experience Course Work Other _____

MY ASSESSMENT OF THE CANDIDATE:

	1	2	3	4	5
Academic Ability					
Intellectual Potential					
Creativity and Originality					
Motivation for Graduate Study					
Potential for Professional Growth					
Breadth of General Knowledge					
Ability to Communicate Orally					
Leadership and Organization Skills					
Ability to Work with Others					
Overall Assessment					

- 1 Top 5% *OUTSTANDING*
- 2 Top 10% *EXCELLENT*
- 3 Top 25% *GOOD*
- 4 Top 50% *AVERAGE*
- 5 *UNABLE TO JUDGE*

