

University of Wisconsin – Milwaukee School of Architecture and Urban Planning

Recommendation for Admission to Ph.D Program in Architecture

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

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

ADDRESS _____
 Street _____
 City State Postal Code

PHONE _____ E-MAIL _____

YEAR YOU PLAN TO ENTER: _____

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

Indicate the population with which the applicant is being compared in this rating.

- Undergraduate students I have taught or known Graduate students I have taught or known
 All students, graduate and undergraduate, I have taught or known

ASSESSMENT OF THE CANDIDATE:

	1	2	3	4	5	6	
Academic knowledge of major field							1 EXCEPTIONAL 2 UPPER 5% 3 UPPER 10% 4 UPPER 25% 5 UPPER 50% 6 NO BASIS FOR JUDGMENT
Technical knowledge and skills							
Demonstrated research ability							
Ability to work independently							
Ability to exchange and share ideas							
Perseverance toward goals							
Ability to express self in writing							
Demonstrated teaching ability							

Please indicate the strength of your overall endorsement by placing an "X" along the scale.

