



Letter of Recommendation

TO THE APPLICANT

Please complete this section, then give this form to your recommender.

Name _____

Under the Family Rights and Privacy Act of 1974, students enrolled at KGI have access to their admission records, including letters of recommendation. However, you may waive your right of access to recommendations, whereupon they will remain confidential. Your signature below constitutes such a waiver of access.

Signature _____ Date _____

TO THE RECOMMENDER

Note: If the applicant did not sign the waiver at the top of this form, s/he has access to your recommendation once enrolled at KGI.

We would greatly appreciate your candid evaluation of the applicant's performance as your student or employee, as applicable, and his/her potential for success as a graduate student and for a career in the biosciences.

Recommender's name _____

Position/Title _____

Department _____

Organization/Company/University _____

Industry _____

Address _____

Address 2 _____

City/ State/ZIP or Postal Code _____

Country _____

Email _____ Business phone _____

In what capacity and for how long, have you known the applicant? _____



KECK GRADUATE INSTITUTE
of Applied Life Sciences

Applicant's name _____

Recommender's name _____

- A. *Please elaborate on the applicant's character, skills, ability to function in team based projects, and your evaluation of his or her potential for success as a graduate student and for a career in the biosciences. **Please address these and other qualities in a narrative or letter, using the back of this form or an attachment.***
- B. *Additionally, we request you assess the applicant's abilities in the following areas:*

Please rate the applicant on the following qualities:	Exceptional	Excellent	Very Good	Good	Average	Below Average	No Opportunity to Observe
Analytical ability							
Mathematical ability							
Oral expression							
Written expression							
Creativity							
Organizational skills/time							
Laboratory skills							
Leadership skills/potential							
Self-confidence							
Motivation							
Ability to work independently							
Ability to work with others							
Overall ranking among students you have taught							

Signature _____ Date _____

We invite you to learn more about us at KGI.edu or by contacting us at (909) 607-8590 or admissions@kgi.edu. If you would like to arrange a KGI presentation on your campus, Please contact us.

Return this Recommendation form and Letter of Recommendation to:

Keck Graduate Institute
 Admissions Office
 535 Watson Drive
 Claremont, CA 91711