



University of Washington Department of Astronomy

Box 351580, Seattle, WA 98195 Tel: (206) 543-2888 Fax: (206) 685-0403

Applicant Information

Last Name _____ First Name _____ Middle Initial _____ Birth Date (Month--Day) _____

Please be informed that, under the provisions of the Family Education Rights and Privacy Act of 1974 and the University's Policy of Student Education Records, this recommendation will be available to the student if the student is or has been admitted and registered at the University unless the student waives the right to review by signing below:

Signature of applicant waiving right to review: _____

Recommender Information

The Department of Astronomy at the University of Washington is committed to ensuring that the students who enter our graduate program complete their graduate studies and succeed in whatever endeavor they wish to pursue upon graduation. We therefore maintain high admission standards. Your comments are a key part of the applicant's admission portfolio.

Please complete the form below and **attach a detailed 1-2 page letter discussing the applicant's qualifications.** Thank you for your time. * *The Admissions Committee*

1. To assist us in evaluating the applicant's research strengths, please rate the applicant in the following areas, *relative to other students applying to graduate school from your institution* :

	Truly Exceptional	Above Average	Average	Below Average	Unable to Evaluate
Physical Intuition					
Quantitative Problem Solving					
Creativity					
Motivation					
Ability to Finish Projects					
Responsibility					
Independence					
Attitude					

2. If you have not addressed this issue explicitly in your letter, please give the names of up to three students who may have recently applied to or attended the graduate Astronomy program at the University of Washington, and compare the applicant to these students. We would prefer this to be addressed in the letter, where you can give a more nuanced discussion of the many factors that contribute to success in graduate school.

Name of Student	In terms of his/her likely success in graduate school, the applicant is _____ this student.				
	Vastly superior to	Stronger than	Comparable to	Slightly weaker than	Much weaker than
1					
2					
3					

Signature _____

Print Name _____

Title _____ Institution _____

Relationship to Applicant _____

**MAIL TO: Graduate Program Assistant, UW Astronomy
Box 351580, Seattle, WA 98195**

DEADLINE: December 31