BRIDGE TO DOCTORATE PROGRAM
LETTER OF REFERENCE

PLEASE TYPE OR PRINT

Applicant	Recommender
Last name	Last name
First name	First name
Email	Title
Telephone	Institution
Graduate program	Email

Recommendation of the Applicant

1. Please check the most appropriate box comparing this applicant to other students you have known

	Exceptional (top 5%)	Outstanding (next 5%)	Very good (next 15%)	Good (next 25%)	Bottom 50%	No basis to judge
Knowledge in chosen field						
Motivation and perseverance toward goals						
Ability to work independently						
Ability to express thoughts in speech						
Ability to express thoughts in writing						
Ability to plan and conduct research						
Work ethic						
Willingness to take on challenges						
Interest/motivation in pursuing a PhD						

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

Highly recommend	Recommend	Recommend with reservations	Do not recommend

If submitting a letter, please skip questions 3 – 5 on the following page.

3. How long have you known the applicant? _____

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4. In what capacity? _____

_____

5. Signature _____ Date _____

Please submit this signed form with or without an accompanying letter by mail, email or fax to:

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Dover, DE, 19901
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(302) 857-6512 (fax)