

RECOMMENDATION FOR GRADUATE STUDY

DEPARTMENT OF COMPUTER SCIENCE AND ELECTRICAL ENGINEERING COLLEGE OF ENGINEERING AND MINERAL RESOURCES WEST VIRGINIA UNIVERSITY

This section to be completed by the applicant:

NAME (First or given, middle if any, last or family)

is applying to the ___ Masters program in ___ Computer Science
___ Computer Engineering
___ Electrical Engineering
___ Software Engineering
___ Doctoral

The **Family Education Rights and Privacy Act** guarantees students access to their educational records, unless that right has been waived. Please check the appropriate box below:

- I waive my right to see this recommendation
 I do not waive my right to see this recommendation

Signature

Date

The remainder of the form is to be completed by the person making the recommendation:

1. How long have you known the applicant, and in what capacity?
2. In your opinion, are the applicant's grades and GRE scores a fair indication of his or her potential?
3. Please rank the applicant in the following table in comparison with other students at a similar stage of their careers:

	Outstanding	Excellent	Above Average	Average	Below Average	No Opportunity to observe
General knowledge						

