TO APPLICANT: Please complete information below and give this form to a person who is familiar with your educational background and abilities and who is willing to submit it on your behalf.			
Applicant's Last/Family Name	First Name	Middle Name	Degree Sought
The applicant is asked to sign the statemen Under the Family Educational Rights and Privac recommendation. The Act also provides for a water Accordingly, I do do not waive my	y Act of 1974, I have t vaiver of that right, wh	he right to inspect my filereby this recommendati	e, including forms and letters of
Applicant's Signature			Date
TO RECOMMENDER (Answer in brief How long, how well, and in what capacity has			
What are the applicant's abilities, motivation above?	n, and potential for su	ccessful graduate study	at the degree level indicated
Please discuss the applicant's strengths and w on time, follow instructions, work well indepe			
How would you rank the applicant wit Electrical/Computer Engineering?  Top 5% Top 10% Top 25  Do you recommend the applicant to the degree	5% Upper 50	ou know who have	
Very strongly Strongly With		ot at all	
If there is reservation, kindly explain:			
Please print or type:			
Recommender's Name		Position/Ti	tle
Address			
E-mail		Phone No	
Signature		Date	

MAILING INSTRUCTIONS: DO NOT RETURN THIS FORM TO APPLICANT. RETURN IT IN AN OFFICIAL ENVELOPE OR WITH THE OFFICIAL STAMP OF THE INSTITUTION/COMPANY DIRECTLY TO: