

**Department of Mechanical Engineering**  
**Recommendation Form for Graduate Study**



Applicant: \_\_\_\_\_

Print name: Last (family), First, Middle

has applied for the \_\_\_\_\_ program beginning in the \_\_\_\_\_ semester of \_\_\_\_\_  
M.S./M.E./Ph.D. fall/spring year

with an area of concentration within the Department of Mechanical Engineering of:

- Thermal Fluids and Energy Systems       Controls and Robotics       Ergonomics & Safety  
 Mechanics       Design and Manufacturing       Microsystems

Under the provisions of the Family Educational Rights and Privacy Act of 1974, I hereby waive my right to inspect this recommendation with the understanding it will be used only for the purposes of admission.

I agree to waive access to the contents of the following recommendation

\_\_\_\_\_  
Signature

I do not agree to waive access to the contents of the following recommendation

\_\_\_\_\_  
Date

1-How long have you known the applicant? \_\_\_\_\_ years

2-In what capacity have you known the applicant? \_\_\_\_\_

3-Please indicate the applicant's peer group and academic area used in the following assessment

- Undergraduate       Course work  
 Graduate       Research

4-Please indicate your assessment of the applicant's ability to carry on a rigorous program of graduate work.

	Top 1%	5%	10%	20%	50%	Below 50%	Insufficient Information
Motivation and initiative							
Maturity and stability							
Ability to work independently							
Ability to work with others							
Oral expression in English							
Written expression in English							
Imagination and Creativity							
Analytical ability							
Intellectual ability							
Quality of Previous Work							
Teaching Ability & Potential in Teaching							
Lab Experience							

Overall rating:     Strongly recommend     Recommend     Recommend with reservations     Do not recommend

If Applicable:     Best student in \_\_\_\_\_ years     Best student this year     Top \_\_\_\_\_% of students this year

5-On the back of this form, or in an attached letter, please include any additional comments you think would be helpful to the admissions committee.

Name of Reference \_\_\_\_\_

Mailing Address 1 \_\_\_\_\_

Title/Position \_\_\_\_\_

Mailing Address 2 \_\_\_\_\_

Institution/Company \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone \_\_\_\_\_

Highest Degree \_\_\_\_\_

Your Field \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

To the reference: Place the completed recommendation in an envelope, seal the envelope, and sign over the seal. Then either return the sealed envelope directly to the applicant, or mail to: Student Services Office, Department of Mechanical Engineering, 50 S. Central Campus Dr., MEB 2110, University of Utah, Salt Lake City, UT 84112 USA. If you have questions about this form, please call: (801) 585-9293 or e-mail: candacec@mech.utah.edu. Thank you for your cooperation and assistance.