



# Cornell University

## Department of Physics

Please return to:

Graduate Admissions, Physics Department  
117 Clark Hall, Cornell University  
Ithaca, New York 14853-2501 USA

**Deadline: December 15**

**TO BE COMPLETED BY THE APPLICANT:**

Full legal name \_\_\_\_\_ (Please print and circle family name)

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_ E-mail address \_\_\_\_\_

**Applicant:** Under the Family Education Rights and Privacy Act of 1974, you can waive your right to inspect this recommendation by signing the statement below. Should you decide *not* to waive this right, you will have access to the recommendation only if you enroll in the Graduate School at Cornell University.  
I hereby waive my right of access to this recommendation. Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY THE RECOMMENDER:**

1. The Physics Department would appreciate your written evaluation of the applicant (**on the reverse side or on an attached sheet**). Indicate how long and in what capacity you have known the applicant. Please write candidly, discussing the applicant's qualifications (including motivation, maturity, communication skills, intellect, and experimental and theoretical skills) to carry on advanced study in Physics, and his/her potential for professional success. Specific examples are more informative than generalizations. If possible, compare the applicant to other students you have known who have attended or are now applying for admission to Cornell Physics or Applied Physics departments.

2. Please rate the applicant relative to other students known to you. *Please indicate your comparison group below:*

- Undergraduates from your institution who have gone on to graduate study       Current senior undergraduates at your institution
- Other: \_\_\_\_\_

	ABOVE AVERAGE			AVERAGE			BELOW AVERAGE		
	1	2	3	4	5	6	7	8	9
Intellectual ability									
Ability in: oral expression in English									
written expression in English									
Emotional maturity and resilience									
Imagination and probable creativity									
Potential as a teacher									
Motivation for proposed program of study									
Background for proposed program of study									

3. Please give the applicant's relative standing in your department's current graduating class: \_\_\_\_\_ of \_\_\_\_\_ (e.g. 7<sup>th</sup> of 19.)

4. How do you rate the applicant in overall ability and promise in comparison with other students at the same level of training?

- Not able to judge.       Equal to the best in any department.       Will perform at a superior level wherever admitted.       Performance should be up to average of most graduate students.       Qualifications marginal, but warrants consideration.       Questionable whether admission to further study is warranted.

Recommender's name \_\_\_\_\_ Title \_\_\_\_\_

School/Company \_\_\_\_\_ Department \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Please sign this letter of recommendation, place it in an envelope, sign across the seal, and return it to the applicant. The applicant is to return the unopened envelope with the application to the Physics Department. *If you prefer, you may mail this form directly to the Physics Department at the above address.* Thank you.

*Please type of print your comments to part 1 on a separate sheet of paper.*