

WEST VIRGINIA UNIVERSITY
DEPARTMENT OF CHEMISTRY
P.O. Box 6045
Morgantown, WV 26506-6045

Recommendation for Graduate Studies and a Teaching or Research Appointment in Chemistry

Name of Applicant _____
Last/ or (Family Name) First/ or (Given Name) Middle

I do, do not (circle action you want) waive any right to see this recommendation form after it has been sent to the department requesting it.

Signed _____

The committee on Admissions and Appointments will appreciate your evaluation of the ability and potential of the applicant for graduate studies. We also solicit your comments about the applicant's experimental ability and promise in research, his academic accomplishment and scholarly traits, his/her ability as a teacher, and his/her personality characteristics, work habits, attitudes, etc. Comparisons with other students who have been in the Department are especially helpful.

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(Use the reverse side if necessary)

In what connection and for how long have you known the applicant? _____

Does the applicant have the ability to earn the degree listed below?

Degree	Definitely Yes	Probably Yes	Probably Not	Definitely Not
M.S.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph.D.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE RETURN AS SOON AS POSSIBLE TO:

Director of Graduate Studies
Department of Chemistry
West Virginia University
P.O. Box 6045
Morgantown, WV 26506-6045

Signature: _____ Date _____

Position: _____

Institution: _____

Address: _____