

**The University of Kansas, Department of Medicinal Chemistry
Graduate Studies: Letter of Recommendation Form**

Applicant Section (to be filled by the applicant, before handing over to the referee)

Name: _____ Address: _____ City: _____
 State: _____ Zip: _____ Country: _____

The Family Educational Rights and Privacy Act of 1974 (FERPA), as amended, 20 U.S.C. 1232g, gives applicants (persons admitted and enrolled) the right to inspect letters of recommendation written in support of applications for admission, employment, or awards. The law also permits applicants to waive that right if they choose, although such a waiver is voluntary and cannot be a condition of admission, employment, or award.

Please date and sign **one** of the following:

1) I understand that FERPA provides for access to my file, and I wish to **retain** my right to review the references under the conditions specified.

Signature: _____ Printed Name: _____ Date: _____

2) I understand that FERPA provides for access to my file, and I wish to **waive** my right to review the references under the conditions specified.

Signature: _____ Printed Name: _____ Date: _____

Reference Section (to be filled by the referee)

First Name: _____ Last Name: _____
 Title: _____ Organization/University: _____
 Email: _____ Phone Number: _____
 Signature: _____ Date: _____

Please rate this applicant in comparison with other students that you have had contact with:

	Fair 0 to 60%	Average 61 to 75%	Good 76 to 85%	Very good 86 to 95%	Outstanding 96 to 100%	No basis for comments
Intellectual ability						
Analytical & problem solving skills						
Knowledge in the field						
Research ability						
Writing skills						
Oral communication skills						
Preparedness for graduate study						
Academic motivation						

(Continued in the next page)

In addition, we would greatly appreciate your comments and opinions about the applicant on the following. Please place your comments on letterhead stationery and attach it to the above form.

1. In what capacity and for how long have you known the applicant?
2. Please describe the scholastic achievements and intellectual skills of this student.
3. Please comment on the candidate's preparedness, motivation and potential for graduate study in Medicinal Chemistry.
4. Please comment on the candidate's communication (oral & written) and interpersonal skills.
5. In your opinion, what are some of the strengths and weaknesses of this candidate?
6. Any other comments that might be helpful in our evaluation of the candidate.

Please send the completed form and the recommendation letter, using any of the following.

- Mailed directly to the following address:
Department of Medicinal Chemistry
University of Kansas
4070 Malott Hall
1251 Wescoe Hall Drive
Lawrence, KS 66045-7582, USA.
- As an e-mail attachment to: medchem@ku.edu
- Handing over to the applicant in a sealed envelope, who will mail it to us along with the other application materials.
- Fax to: 785 864 5326