

The University of Oklahoma Mathematics Department  
**Reference for Graduate Assistantship**

Student Name: \_\_\_\_\_

Degree Sought: \_\_\_\_\_

The Family Educational Rights and Privacy Act of 1974 opens many college records for the student's inspection. The law also permits the student to sign a waiver relinquishing his/her rights to inspect letters of recommendation. The student's signature below constitutes a waiver signifying that the recommendation will remain confidential. The absence of a signature means the student will have the right to read this reference.

Date: \_\_\_\_\_ Name: \_\_\_\_\_

- I {  do not recommend  
 recommend with reservations  
 recommend  
 recommend strongly
- the applicant for a graduate teaching assistantship.

	Excellent	Above Average	Average	Below Average	Poor	No Opportunity To Observe
Knowledge of Subject						
Motivation and Ability to Complete Degree						
Potential to be an Effective Teacher						

	Top 1%	Top 10%	Top 25%	Top 50%	Below 50%
Rank of applicant among math majors in your department.					

**Comments. We would be particularly interested in any special abilities or deficiencies of the applicant. If needed, please use the reverse of this form or attach a separate letter.**

Signature	Position	Organization
Typed or Printed Name	Telephone	Email Address

**Please return to: Director of Graduate Studies  
 Department of Mathematics  
 The University of Oklahoma  
 601 Elm Avenue, PHSC 423  
 Norman, OK 73019**

The University of Oklahoma is an Equal Opportunity/Affirmative Action Employer

