Recommendation for Teaching Assistantship
Department of Exercise and Nutrition Sciences
University at Buffalo

Instructions to Applicant: You **must** provide **all** information requested in this top section. Print your name and Social Security number, as they appear on your application so that this recommendation will be matched to your application file.

Print the name and the address of the person you ask to recommend you and provide them with an addressed envelope. This recommendation form and **any** attached information must go directly to Department of Exercise and Nutrition Sciences, University at Buffalo, 211 Kimball Tower, Buffalo, NY 14214-8028.

Name of Applicant: _____   Name of Recommender: _____

Person Number #: _____   Title: _____

Department: _____   Address: _____

Application Deadline Date: _____   Department: _____

Institution: _____

Under the provisions of the Family Education Rights and Privacy Act of 1974, you (if admitted and enrolled) will have access to the information provided unless you have waived such access. Please sign and date below to inform us of your decision.

I hereby waive my right of access to information recorded below   **OR**   I do not waive my right of access to the information recorded below

Signature of applicant _____ Date_____   Signature of applicant _____ Date_____

Recommender: Under the provisions of the Family Education Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided unless he/she has waived such access.

After responding to the items below, please comment specifically on the applicant's strengths and limitations. Please comment by using the backside of this form or by attaching a letter. Descriptions of significant actions, accomplishments and personal qualities related to scholarly achievement and ability to teach others are particularly helpful. Several paragraphs will be more useful than one or two sentences. If you do not wish to use this form, please include the full name of the student as it appears above to ensure that your recommendation will be added to the correct applicant's file.

1. How long and in what capacity have you known the applicant?_____

2. Please rate the applicant in comparison with others whom you have known at similar stages of their careers.

	Exceptional Upper 5%	Outstanding Next 15%	Very Good	Good	No basis for judgment
Knowledge in chosen field					
Motivation and perseverance toward goals					
Ability to work independently					
Ability to problem solve/resolve issues					
Ability to express thoughts in speech and writing					
Ability for potential for college teaching					
Ability to plan and conduct research					

3. Please indicate the strength of your overall endorsement by placing an "X" along the scale.

Highly recommended	Recommended	Recommended with reservations	Not recommended

How many graduate students have you advised at the masters _____ and Ph.D. _____ levels?

Name (printed) _____

Signature _____   Date _____