Marriage, Family and Human Development
2086 JFSB, Provo, UT 84602
Tel: (801) 422-2060
E-mail: mfhdgrad@byu.edu

DA2

Letter of Recommendation for Doctoral Study

Applicant Information

Applicant's Name: _____ BYU ID: _____

Right of Access

In accordance with the Family Educational Rights and Privacy Act of 1974, you may waive your right of access to your letter of recommendation. Waiving your right of access to a letter of recommendation may allow your recommender to be more candid in his or her recommendation. Should you choose not to waive this right; permission to inspect your letter of recommendation will only be granted if you are enrolled for graduate study at Brigham Young University. If you fail to make a selection, you will forfeit your right of access to this letter of recommendation.

○ I waive my right of access to this letter of recommendation.
○ I do not waive my right of access to this letter of recommendation.

Signature of Applicant: _____ Date: _____

Recommendation
(to be completed by the Recommender)

You have been requested to provide a recommendation on behalf of the above named applicant to the Marriage, Family and Human Development doctoral program. Please assist us in evaluating this applicant's potential academic success and general suitability for program. If the applicant waives his or her right of access to this recommendation (above), your recommendation will be protected under the Family Educational Rights and Privacy Act of 1974. If the applicant retains his or her right of access, permission to inspect your recommendation will be granted if the applicant is enrolled for graduate study at Brigham Young University.

IMPORTANT- Please seal the completed form in an envelope with your signature across the sealed portion. You may return the sealed envelope to the applicant or send it directly to the School of Family Life, 2086 JFSB, Provo, UT 84602.

Your Name: _____ How do you know the applicant? _____

How well do you feel you know the applicant? ○Thoroughly ○Fairly Well ○Superficially How long have you known the applicant? _____

Use this scale to compare the applicant with a representative group of individuals you have known during your career.

	Superior Top 2%	Outstanding Top 10%	Excellent Top 20%	Good Top 50%	Average Lower 50%	No Basis for Judgment	Not Applicable
Intellectual and academic ability							
Ability to work well with others							
Emotional stability and maturity							
Leadership ability and administrative potential							
Esteem in which the applicant is held by peers							
Esteem in which the applicant is held by faculty							
Ability to communicate a. Orally							
b. In Writing							
Creativity (ability to see implications and synthesize ideas)							
Judgment, industry, initiative, and motivation							
Honesty							
Clinical potential							
Research potential							
Teaching potential							
Overall competence and potential							

How would you evaluate yourself in giving ratings of this kind to applicants? ○Generous ○Average ○Very Conservative

IMPORTANT- Please include a **letter of recommendation** with this form and return it to 2086 JFSB in a sealed envelope with your signature across the sealed portion.

Signature of Recommender: _____ Date: _____