WAIVER STATEMENT

The Federal Education and Privacy Act of 1974 provides you with the opportunity to view this recommendation at a future date unless you specifically waive this right. Note that some professors and employers may not provide you with a recommendation unless you have waived your right to view it, which preserves confidentiality and impartiality in the review process. By signing the following statement, you agree to waive your right of access. Please discuss the issue with the referees you have asked to provide your letters.

I HEREBY FREELY AND VOLUNTARILY WAIVE MY RIGHTS OF ACCESS TO ANY INFORMATION CONTAINED ON THIS RECOMMENDATION FORM AND AGREE THAT THE STATEMENT SHALL REMAIN CONFIDENTIAL.

Signature of Applicant ___________________________ Date ______________

INSTRUCTIONS TO THE APPLICATION: Please complete the information above and carefully read the optional Waiver Statement above before delivering this form to each of the referees you have selected to provide a letter of recommendation. Please provide each referee with a pre-addressed envelope with the UIndy program address as indicated elsewhere in this packet. Each referee should complete the form and mail it directly to UIndy using the envelope you have provided. (Please note that some programs require a separate letter of recommendation from referees.)

INSTRUCTIONS TO THE RECOMMENDER: This form is essential to the evaluation of a candidate’s application. Please check the appropriate boxes on the next page that best describe the candidate in relationship to other students you have known. Then, provide a written synopsis of the candidate’s strengths and weaknesses and any other information that you feel will help the Admissions Committee assess the candidate. If you wish, you may prepare a separate letter on official letterhead instead of completing the last page of this form.

Please mail your recommendation directly to the University of Indianapolis:

Department or Program / University of Indianapolis / 1400 East Hanna Avenue / Indianapolis, IN 46227-3697
For Aging Studies mail to: Center for Aging and Community, 901 S. Shelby Street, Indianapolis, IN 46203

EVALUATOR (Please print) ___________________________ 

EVALUATOR SIGNATURE ___________________________

TITLE__________________________ DEPARTMENT ___________________________

INSTITUTION ____________________________ PHONE ___________________________

In what capacity have you known the applicant? ___________________________

________________________________________________________________________

________________________________________________________________________

How long have you known the applicant? ___________________________

________________________________________________________________________

________________________________________________________________________
Please check the appropriate boxes below that best describe the candidate as compared to other students at the applicant's level.

<table>
<thead>
<tr>
<th>Skill</th>
<th>Outstanding Top 2%</th>
<th>Excellent Top 5%</th>
<th>Good Top 25%</th>
<th>Average Top 50%</th>
<th>Below Average Bottom 50%</th>
<th>No Basis for Judgment</th>
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<tbody>
<tr>
<td>GENERAL ACADEMIC ABILITY (Intelligence; breadth and depth of academic knowledge)</td>
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<td>KNOWLEDGE OF SPECIFIC ACADEMIC AREA (Mastery of material in chosen field)</td>
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<td>COMMITMENT TO LEARNING (Can self-assess, self-correct, and self-direct; values continuing education)</td>
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<td>INTERPERSONAL SKILLS (Interacts effectively with people from varied backgrounds)</td>
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<tr>
<td>COMMUNICATION SKILLS (Communicates effectively by speaking, reading, and writing)</td>
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<td>PROFESSIONALISM &amp; RESPONSIBILITY (Acts with professionalism; fulfills commitments; completes projects)</td>
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<td>PROBLEM SOLVING &amp; CRITICAL THINKING (Recognizes and defines problems; develops and implements solutions)</td>
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<td>USE OF CONSTRUCTIVE FEEDBACK (Uses feedback for improvement)</td>
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<td>EFFECTIVE USE OF TIME &amp; RESOURCES (Maximizes benefit from minimum investment of resources)</td>
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<td>STRESS MANAGEMENT (Identifies sources of and copes effectively with stress)</td>
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<td>COOPERATION, RAPPORT, SENSITIVITY (Knows when to be flexible; establishes a positive climate)</td>
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<td>LEADERSHIP CAPABILITIES (Motivates others; delegates appropriately)</td>
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I am comparing this student to:   [ ] Graduate students  [ ] Undergraduate students

For this applicant, do you:
[ ] Strongly recommend   [ ] Recommend   [ ] Recommend with reservations   [ ] Not recommend

Please provide any additional information that relates to the candidate’s strengths and weaknesses on the next page OR attach a letter that addresses the candidate’s strengths and weaknesses.
LIST THE APPLICANT'S STRENGTHS: ____________________________________________

____________________________________________________________________

____________________________________________________________________

LIST THE APPLICANT'S WEAKNESSES: _______________________________________

____________________________________________________________________

____________________________________________________________________

ADDITIONAL COMMENTS: ________________________________

____________________________________________________________________

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