DEPARTMENT OF OCEANOGRAPHY
University of Hawaii at Manoa
1000 Pope Road
Honolulu, Hawaii 96822

TO APPLICANT: Type or print the information requested below, check the appropriate box for authorization and waiver, and give this form to the person providing the recommendation.

Name of Applicant _____ Degree Sought _____

Name of Person Providing Recommendation _____

Title _____ Organizational Affiliation _____

☐ I hereby waive any and all rights of access to confidential letters pertaining to this application. I understand that the completed form will be held in confidence from me and the public by the University of Hawaii at Manoa.

☐ I DO NOT waive my right of access to this recommendation but I authorize the referee to provide a candid evaluation and all relevant information to the University of Hawaii at Manoa.

Date _____ Applicant's Signature _____

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TO WRITERS OF LETTERS OF RECOMMENDATION: We are particularly interested in your opinions of the applicant's ability to carry on advanced study and research, his/her likelihood of reaching the end of the program for which he/she is applying, and his/her probable capability of pursuing a successful career in his/her field. We are also interested in impressions you may have regarding this candidate's potential ability as a teaching assistant.

Please use additional sheets as necessary. Mail completed form directly to the address above.

APPLICANT'S ACHIEVEMENTS AND CHARACTERISTICS	Excellent	Above Average	Average	Below Average	Unable To Judge
Degree of mastery of fundamental knowledge in his/her general field					
Level of competence in speech and writing					
Self reliance and independence					
Maturity					
Growth during total period of observation					

Thank you very much for taking the time to provide this information.

Signature _____ Date _____