

STATE UNIVERSITY OF NEW YORK AT BUFFALO
DEPARTMENT OF MECHANICAL AND AEROSPACE ENGINEERING

GRADUATE STUDIES REFERENCE

APPLICANT NAME _____ Date _____

Please comment on the student's academic and/or work performance, judgment, reliability and development potential for graduate studies. Return this reference directly to:

GRADUATE PROGRAM
DEPARTMENT OF MECHANICAL AND AEROSPACE ENGINEERING
STATE UNIVERSITY OF NEW YORK AT BUFFALO
318 JARVIS HALL
BUFFALO, NY 14260-4400

WAIVER OF RIGHT OF ACCESS TO CONFIDENTIAL STATEMENTS:

"I have asked _____ to write a letter of recommendation for me in support of my application for graduate studies. I hereby waive my right to inspect the letter which appears on this form and attachments of continuation. I understand I may not be required by the institution to waive that right as a condition for admission."

(Date)

(Student's Signature)

If the student does not sign the statement, the law specifically reserves, to the student, the right of access to the letter in question.

a. Written Comments: (continue on separate sheet)

b. Ranking for Student:	Outstanding Upper 5%	Excellent Upper 10%	Very Good Upper 20%	Good Upper 40%	Other
Intellectual ability	_____	_____	_____	_____	_____
Breadth of general knowledge	_____	_____	_____	_____	_____
Imagination and creativity	_____	_____	_____	_____	_____
Oratorical abilities	_____	_____	_____	_____	_____
Written expression	_____	_____	_____	_____	_____

Signature _____

Name _____
(Please Print)

Title _____

Address _____
(Department/Organization) (City) (State) (Zipcode)