



**Recommendation For Graduate Student.**

Return to: IAPG Houston  
 c/o 2008 Scholarship  
 P.O. BOX 73364  
 Houston, TX 77273  
 U.S.A.

This form will be destroyed after admissions review

E-mail Address [scholarship@iapghouston.org](mailto:scholarship@iapghouston.org)

IAPG Houston website [www.iapghouston.org](http://www.iapghouston.org)

**To the Applicant**

Complete this section of the form and then give it to a person who is in a position to evaluate your potential for success in a graduate program. For the convenience of the evaluator, please attach a stamped enveloped addressed to:  
 IAPG Houston. c/o 2008 Scholarship P.O.BOX 73364. Houston , TX 77273 U.S.A.

Your Name: Last \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Desired Degree \_\_\_\_\_

Chosen Institution and Department \_\_\_\_\_

Name, title and address of the person who will complete this form \_\_\_\_\_

**To the Person Making the Recommendation**

Thank you for your willingness to help us evaluate this applicant for granting this scholarship. We wish to determine both the applicant's aptitude for graduate study and the probability of success and personal satisfaction in the chosen career. Your comments will be carefully considered by the admissions committee. This form is solely for your convenience, and if you prefer, you may express your opinion in the form of a letter.

How long have you known the applicant? \_\_\_\_\_

in what relationship? \_\_\_\_\_

Please use this space to comment on the applicant (you may use reverse side for additional comments).

	Exceptional	Superior	Average	Poor	Not Observed
Interest in Proposed Field					
Technical Knowledge in Proposed Field					
Creativity & Ingenuity					
Research Ability or Potential					
Technical Capability					
Ability to Communicate					
Initiative					
Ability to get along with others					
Maturity					
Leadership					
Self Motivation					
Estimation of Probability of Success					
English Proficiency (if native language is other than English)					

Would you accept the candidate for a position (student or employee as applicable) under your supervision? Yes   
 No

Signed \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

Institution or Firm \_\_\_\_\_

Address \_\_\_\_\_

Tel: \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_