



Recommendation For Graduate Student.

Return to: IAPG Houston
 c/o 2010 Scholarship
 P.O. BOX 73364
 Houston, TX 77273
 U.S.A.

This form will be destroyed after admissions review

Please print or Type scholarship@iapghouston.org
 IAPG Houston website 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 2010 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 _____