

# Entomology MS University of Wisconsin-Madison Graduate School

Recommendation for Graduate Admission

<http://www.wisc.edu/grad>

## **APPLICANT:** (to be completed by the applicant)

Name of Applicant:

Email Address:

Applicant: Sign only if you agree to waive your right of access to this letter of recommendation.

Signature of Applicant:

Date:

## **RECOMMENDER:** (to be completed by the recommender)

Name of Recommender:

Email Address:

Title:

Company/Organization:

Address Line 1:

Address Line 2:

City:

State/Province:

Zip/Postal Code:

Country:

Telephone Number:

How long have you known the applicant?

In what capacity have you known the applicant?

Recommender's Signature:

Date:

**Please sign and return this form to the department address listed below.**

ATTN: Graduate Admissions Committee  
Department of Entomology  
University of Wisconsin-Madison  
237 Russell Laboratories  
1630 Linden Dr  
Madison, WI 53706  
U.S.A.  
Telephone: (608) 262-3227; Fax : 608-262-3322

**Please give a brief overall assessment of the applicant's qualifications for success in graduate study, including strengths and weaknesses. If you think the grades or scores on standardized tests are misleading about the applicant's promise for graduate study, please indicate why. (Attach a separate letter if necessary.)**