

**UC Berkeley, Graduate Application, 2007-2008**

**Letter of Recommendation**

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**Please mail to: University of California, Berkeley, Graduate Assistant, Department of Earth & Planetary Sciences, Berkeley, CA 94720-4767**

**Applying for:** Fall 2007    **ID #:** 2541239

**Name:** bellugi,dino    **Dept :** Earth & Planetary Sciences    **Degree:** M.S.

**Applicant:** Inform your recommender of the application deadline for the department to which you are applying. This letter of recommendation, submitted in support of your admission to graduate study, will be kept confidential. The Family Education Rights and Privacy Act of 1974 and its amendments, and the California Information Practices Act of 1977 and its amendments, guarantee you access to educational records concerning yourself. You also are permitted by those laws to voluntarily waive that right of access.

I waive my right of access to this letter of recommendation from \_\_\_\_\_ (Name of recommender)

I do not waive my right of access to this letter of recommendation from \_\_\_\_\_ (Name of recommender)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS PART TO BE COMPLETED BY THE RECOMMENDER**

**Recommender:** The person named above is applying for admission to graduate school and may be applying for financial assistance at the University of California, Berkeley. Please give your personal impressions of the applicant's intellectual ability, aptitude to conduct research in the field specified, capacity for analytical thinking, or professional skill. Comment on the applicant's character, the quality of previous work, and the promise of productive scholarship. If applicable, include any known obstacles the applicant may have had to overcome to attain his/her educational goals (e.g., economic, social, cultural, educational, or other disadvantages).

How long and in what capacity have you known the applicant? \_\_\_\_\_

Please rate this applicant in overall promise (check one).

<input type="checkbox"/> 1 Below Average (Lowest 50%)	<input type="checkbox"/> 2 Average (51%-70%)	<input type="checkbox"/> 3 Somewhat Above Average (71%-80%)	<input type="checkbox"/> 4 Good (81%-90%)	<input type="checkbox"/> 5 Superior (91%-95%)	<input type="checkbox"/> 6 Outstanding (96%-99%)	<input type="checkbox"/> 7 Truly Exceptional (Top 1%)	<input type="checkbox"/> Inadequate opportunity to observe
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Please complete, if applicable.  Best student this year     Best student in five years     Best student in ten years     Best student in \_\_\_\_\_ years

Recommender's name (please print): \_\_\_\_\_

Position or title: \_\_\_\_\_ School or company: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Please mail this form directly to the graduate assistant of the proposed department noted at the top of the page. Do not send this form to Graduate Admissions. Thank you for providing this information.**