Under the provisions of the Family Educational Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided below unless he/she has waived such access.

1. Name of Applicant ____________________________________________________________________
2. Graduate program to which application is made _____________________________________________
3. Degree Objective: MA_________ PhD_________ Both_________
4. (Optional) I hereby waive my right of access to the material recorded below.
   Signature of applicant ______________________ Date ______________

5. Mail this form to: Graduate Studies, Department of Communication
   1103 University Blvd., Bldg. #25, Rm. 211
   University of Arizona, P.O. Box 210025
   Tucson, Arizona 85721-0025

To the respondent: May we have your judgment of this candidate’s qualifications and promise, of the candidate’s intellectual ability, motivation and capacity for research or for acquiring professional skill, promise for a career in productive scholarship and effective teaching, the quality of previous work, and of his or her character and personality. We would be helped too by your checking, for comparative assessment, the boxes below.

Please continue on the other side of this sheet if necessary or attach a statement or letter addressing the qualifications stated above.

I would compare the applicant with other students of the same level as follows:

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<thead>
<tr>
<th></th>
<th>Exceptional</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>No Information</th>
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<tbody>
<tr>
<td>Intellectual Ability</td>
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<td>Writing Ability</td>
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<td>Speaking Ability</td>
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<td>Academic Preparation</td>
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<td>Maturity</td>
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<td>Teaching Ability</td>
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</tbody>
</table>

I have known the applicant for approximately ________ years.

During this time the applicant was an: Undergraduate__ Graduate student__ Assistant of mine__
   Advisee of mine__ Department assistant__
   Other (please specify) ____________________________

In summary, I would give a: Very strong __ Strong __ Average __ Below Average __ recommendation.
   Recommendation with reservation (please specify) ___________________________________________

Respondent’s signature___________________________ Title______________________ Date __________
Name Printed or Typed_________________________________ Address___________________________
Office phone number___________________________________________