



Please mail for receipt before January 15th to:
 Graduate Admissions Committee
 Department of Architecture, Box 355720
 College of Architecture and Urban Planning
 208 Gould Hall
 Seattle, Washington 98195-5720
 USA
 Telephone: 206 543-4180

NOTICE TO APPLICANT:

Before giving this form to a person acquainted with your qualifications, please check and sign this statement in accordance with the Family Educational and Privacy Act of 1974:

I hereby waive my rights of access to this letter.

I do not waive my rights of access to this letter.

Signature _____

Date _____

Letter of Recommendation in support of _____

Last name

First

Initial

an applicant to the Master of Architecture degree program for Autumn Quarter, 200_____

NOTICE TO REFEREE:

Compared with other persons I have known at similar stages in their careers, the applicant is assessed as indicated:

	Top 5%	Top 15%	Top 30%	Average	Marginal	Not Observed
Intellectual capacity and curiosity						
Ability to apply analytical skills to problem solving						
Ability to communicate in speech and writing						
Ability to communicate by graphic/visual means						
Evidence of general creativity and imagination						
Ability to work with others						
Motivation for proposed field of study						
Emotional maturity and stability						
Capacity for perseverance and hard work						
OVERALL PROMISE						

Based on personal knowledge of the applicant over a period of _____ years _____ months in my capacity as _____

_____, my appraisal of his/her character, performance and potential for success in an architectural program is briefly summarized on the reverse side (or separate sheet as needed).

(Please print)

Name _____

Date _____

Title _____

School or Company _____

Address _____

Signature _____

The graduate faculty of the Department of Architecture acknowledges and appreciates your interest.