

## Department of Architecture Graduate Recommendation Form

Name of Applicant: \_\_\_\_\_  
*Last Name*
*First Name*
*Middle Initial*

**Degree Program - check one:**

- |   |  |
|---|--|
| <input type="checkbox"/> Master of Architecture 2 Year Track  | <input type="checkbox"/> Master of Architecture/Master of Urban Planning (dual degree) 3 Year Track          |
| <input type="checkbox"/> Master of Architecture 3½ Year Track | <input type="checkbox"/> Master of Architecture/Master of Business Administration (dual degree) 3 Year Track |
| <input type="checkbox"/> Master of Architecture 1½ Year Track | <input type="checkbox"/> Master of Architecture/Master of Fine Arts (dual degree) 3 Year Track               |

I understand that as a student Federal legislation provides me with a right of access to this recommendation which may be waived, but that no school or person can require me to waive. Please check and sign one of the following statements:

- I hereby waive my right of access to this recommendation and authorize the person named above to provide a candid evaluation and relevant information to the University at Buffalo, School of Architecture and Planning.
- I do not waive my right of access to this recommendation, but I authorize the person named above to provide a candid evaluation and relevant information to the University at Buffalo, School of Architecture and Planning.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**To the Person Providing the Recommendation:**

The person named above is applying for admission to the University at Buffalo, Master of Architecture degree program. Please complete this reference form and return it by January 15. If you need additional space, you may write a separate letter regarding the applicant's strengths and weaknesses and attach it to this form. After completion, please insert it in the envelope provided, seal and sign it across the seal.

How would you rank the applicant in terms of the following characteristics?

	Excellent	Good	Average	Below Average	Low	Unknown
Leadership						
Creative Ability						
Initiative						
Ability to Work with Others						
Ability to Communicate Orally						
Ability to Communicate in Writing						
Ability to Communicate Visually or Graphically						
General Academic Ability						

For international students whose native tongue is not English, please comment on applicant's ability to use the English language:

	Excellent	Good	Average	Below Average	Low	Unknown
Reading						
Writing						
Speaking						

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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