Recommendation for Graduate Assistantship

Student Name:	Student ID#:	
Check one: ☐ I waive my right to view this recommendation	☐ I do not waive my right to vi	ew this recommendation
Student Signature:	Date:	
The person making this recommendatio	n should complete the remainder	of this form.
you do not feel qualified to recommend the applicant f ny general comments you may have. Comments you pr		
ecommender's name:	Title:	
nstitution:		
ddress:		
hone: () Email:		
9	Date:	
low would you rate this applicant? I Not enough information to judge □ □ Do not recomm	nend Recommend	☐ Highly recommend
a) Teaching Assistant: Grading homework and other as	ssignments for courses.	
ndicate the course(s) for which you think the applicant v	vould be qualified and expla	in why:
b) General comments: You may include additional com	ments regarding the merits	of the applicant.

This recommendation form must be completed by a professor/instructor from a discipline relevant to the Jarvis College of CDM. Please note that DePaul CDM instructors should NOT use this form. CDM faculty must submit their recommendations online.