



Yale University Graduate School of Arts and Sciences  
PO Box 208323, New Haven CT 06520-8323

**RECOMMENDATION FORM**



**Deadline December 8, 2004:** Biological & Biomedical Sciences  
**Deadline December 15, 2004:** Economics, Epidemiology & Public Health, Political Science and Psychology.  
**Deadline January 3, 2005:** All other programs.

Use this form only if your recommender does not desire to submit an electronic recommendation for you.

**TO BE COMPLETED BY APPLICANT**

<b>Chen</b> LAST (FAMILY/SURNAME) NAME	<b>Jean</b> FIRST (GIVEN) NAME	<b>May</b> MIDDLE/OTHER
	<b>November 24 1975</b> DATE OF BIRTH (MM/DD/YYYY)	
<b>jmchen@gmail.com</b> EMAIL ADDRESS	<b>626 6439727</b> PHONE	
<b>Sociology</b> PROPOSED DEPARTMENT/PROGRAM OF STUDY	<b>I am not applying for a combined degree.</b> COMBINED DEGREE PROGRAM/SUBFIELD/CONCENTRATION/TRACK	
PLEASE ENTER YOUR ONLINE APPLICATION ID NUMBER HERE		<b>1192611</b>

**Statement on Confidentiality.** Federal law gives students the option of waiving their right to see specific letters of recommendation. If applicant has waived this right by signing the waiver below, this letter will be held confidential. If the applicant has not signed the waiver, it will be assumed that this letter may be seen by the applicant if he or she enrolls in the Yale Graduate School of Arts and Sciences.

**Waiver.** In accordance with the Family Education Rights and Privacy Act of 1974, I waive my right to review this letter.

 SIGNATURE	 DATE
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**TO BE COMPLETED BY RECOMMENDER**

 NAME OF RECOMMENDER	 POSITION	 EMAIL ADDRESS
 ADDRESS		
 CITY	 STATE	 ZIP / POSTAL CODE
 HOW LONG HAVE YOU KNOWN THE APPLICANT?		 IN WHAT CAPACITY?

PLEASE RATE THE APPLICANT RELATIVE TO OTHERS OF YOUR STUDENTS WHO HAVE GONE TO GRADUATE SCHOOL IN RECENT YEARS

	Lowest 50%	Next Higher 25%	Next Higher 20%	Highest 5%	Truly Exceptional	Unable to Judge
ACADEMIC PERFORMANCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
INTELLECTUAL POTENTIAL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MOTIVATION FOR THE PROPOSED PROGRAM OF STUDY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If this student enrolls in the Yale Graduate School, do you give permission to release a copy of this recommendation to another academic institution upon request of the student and at the discretion of Yale Graduate School?  YES  NO

Please comment on the applicant's strengths and weaknesses on the back of this form or on a separate sheet. Enclose your recommendation in a sealed envelope, sign across the seal, and return it to the applicant. If you prefer, you may mail your recommendation directly to the Graduate School Admissions Office at the address above.

 SIGNATURE	 DATE (MM/DD/YYYY)
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