

University of California, Santa Barbara
Letter of Recommendation

Please mail to Department of _____, University of California, Santa Barbara CA, 93106.

THIS PART TO BE COMPLETED BY THE APPLICANT

Be sure to inform your recommender of the application deadline of: _____
(See: <http://www.graddiv.ucsb.edu/depts.shtml>)

Name _____ Quarter _____
Legal family name (surname) First name Middle name

Proposed Department _____ Emphasis _____ Degree _____
(See: <http://www.graddiv.ucsb.edu/depts.shtml>)

I am applying for financial support: yes no

THIS PART TO BE COMPLETED BY THE RECOMMENDER

The person named above is applying for admission to graduate study and may be applying for financial assistance to the University of California, Santa Barbara. We would appreciate your personal impressions of the candidate's intellectual ability aptitude in research and professional skill. Please comment on the applicant's character, quality of previous work, and promise of productive scholarship.

Recommender: Please attach this form to your letter of recommendation.

Please rate this student in terms of overall promise and indicate the approximate size and level of the comparison:

<input type="radio"/> Below Average	<input type="radio"/> Average	<input type="radio"/> Somewhat Above Average	<input type="radio"/> Good
<input type="radio"/> Unusually Good	<input type="radio"/> Outstanding	<input type="radio"/> Truly Exceptional	<input type="radio"/> Inadequate Opportunity to Observe

Recommender's Name (please print) _____

Position or title _____ Institution or company _____

Address _____

Signature _____ Date _____

Please mail this form with the letter of recommendation directly to the department to which the applicant is applying (given above). Do not send it to Graduate Admissions. Thank you for providing this information.

Waiver of Right of Access to Letters of Recommendation

Name _____
Last First Middle

Proposed department/program _____

Name of recommender _____

The Family Educational Rights and Privacy Act of 1974 gives students (persons admitted and enrolled in the university) the right to inspect letters of recommendation written in support of an application for admission and financial assistance. In addition, the law permits students to expressly waive the right to inspect letters submitted on their behalf, although such a waiver must be voluntary and cannot be a condition of admission, award, or employment.

I, the undersigned, understand that the information provided in this letter may be used by the university in deciding upon admission to graduate study and/or the award of a fellowship or assistantship. I have read and understand the regulation concerning Waiver of Access to Confidential Letters of Recommendation. Having read this information I choose one of the following:

I hereby waive any and all rights of access to this letter of recommendation. I do not agree to waive access to the letter of recommendation.

Signature of Applicant _____ Date _____

Departments—Please remove this waiver slip from the letter of recommendation form prior to evaluations and keep it separate until a decision has been rendered. It should then be returned to the file.