

**SDSU
LETTER OF RECOMMENDATION**

This Part to be Completed by the Applicant

NAME, as given on the application _____
Last First Middle U.S. Social Security #

ADDRESS _____
Street City State Zip Code Country (if not U.S.)

EMAIL _____ PHONE _____

APPLICANT for the term beginning _____
Month Year Proposed Major

APPLICANT'S STATEMENT: I understand this letter of evaluation is to be received and maintained in confidence by SDSU for admission consideration for graduate status. I hereby expressly waive any and all rights I might have of access to this evaluation under the Family Education Rights and Privacy Act of 1974, the California Information practices Act of 1977, and any/or all other laws, regulations or policies. I understand that the rights I am waiving include, but are not limited to, the right to inspect and review this letter; the right to have a copy of this letter made for my use; the right to request an amendment of this letter.

____ I **agree** to waive access to this statement from (Name of Recommender) _____

____ I **do not agree** to waive access to this statement from (Name of Recommender) _____

SIGNATURE of Applicant _____ DATE _____

PLEASE MAIL OR GIVE THIS FORM TO YOUR RECOMMENDER.

RECOMMENDER - Please mail to: SDSU
Graduate Adviser SOCIOLOGY DEPARTMENT
5500 Campanile Dr.
San Diego, CA 92182 **Or return to applicant in a sealed envelope, with signature across seal .**

This Part to be Completed by the Recommender

TO THE RECOMMENDER: Mr./Mrs. _____ is applying for admission and may be applying for financial assistance or academic employment at SDSU. **Please discuss your personal impressions of the candidate's intellectual ability, aptitude for graduate study, and comment on his or her character, quality of previous work, and promise of productive scholarship. Please attach your letter to this form.**

HOW LONG HAVE YOU KNOW THIS APPLICANT? _____

IN WHAT RELATIONSHIP? _____

PLEASE RATE THIS APPLICANT IN OVERALL PROMISE. (CHECK ONE BOX ONLY)

____ Inadequate Opportunity to Observe ____ Below Average ____ Average ____ Somewhat Above Average ____ Good ____ Very Good ____ Outstanding ____ Truly Exceptional

RECOMMENDER'S NAME (Please Print) _____ POSITION OR TITLE _____

ADDRESS _____ NAME OF INSTITUTION OR BUSINESS _____

PHONE _____ EMAIL _____ SIGNATURE _____ DATE _____