

**SDSU
LETTER OF RECOMMENDATION**

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 Degree Objective

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 return to applicant in a sealed envelope

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, ability in research, or professional skill and comment on his or her character, quality of previous work, and promise of productive scholarship.** Please continue on the back of this form.

HOW LONG HAVE YOU KNOWN 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 _____