

SAN DIEGO STATE UNIVERSITY  
Graduate and Research Affairs  
Graduate Division

**LETTER OF RECOMMENDATION**

**This section to be completed by Applicant.**

NAME (as given on application) \_\_\_\_\_  
Last First Middle

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 mail to: SDSU  
Graduate Adviser/Department  
5500 Campanile Dr.  
San Diego, CA 92182

Or return to applicant in a sealed envelope.

**This section to be completed by Recommender.**

**TO THE RECOMMENDER:** Mr./Ms. \_\_\_\_\_ 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, if necessary.

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 \_\_\_\_\_