

APPLICANT: Please provide name (Last, First, Middle)
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Letter of Recommendation

This Part to be Completed by the Applicant

Name, as given on the application _____

Last First Middle

Address _____

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

E-mail Address _____ Phone _____

Applicant for the term beginning _____ Proposed Major at UCLA _____ Immediate Degree Objective _____
month year

Applicant's Statement: I understand this letter of evaluation is to be received and maintained in confidence by the University of California, Los Angeles, 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.

Perforation for UCLA department use only: to be detached by UCLA department before submission to Admission Committee

RECOMMENDER - Please mail to: UCLA **Or return to applicant in a sealed envelope.**
 Graduate Adviser
 Department/School of _____
 Box _____ (APPLICANT: Please fill in name and address of program to which you are applying - see dept info link)
 Los Angeles, CA 90095-_____ (Zip + 4 must be completed - see dept info link)

This Part to be Completed by the Recommender

To the Recommender: We would appreciate your opinion of _____, an applicant for graduate admission to (and possibly financial support from) UCLA. The University is particularly interested in an evaluation of the applicant's potential for academic and professional achievement in the field indicated. Explicit descriptions of academic strengths and weaknesses are more helpful to the candidate than routine praise. Comments about character, integrity or motivation are also appreciated, if pertinent. The experience upon which your opinion is based should be described. Rankings should be related to other students in the same class or academic program or other persons of comparable experience. Please attach your letter of recommendation to this completed document.

	Truly Exceptional	Excellent	Very Good	Good	Slightly Above Average	Average	Below Average	No Basis for Judgment
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imagination and creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability in oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of previous work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research aptitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promise as a professional in the field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known this applicant? _____

In what capacity? _____

Recommender's Name (Please Print) _____ Position or Title _____

Name of Institution or Business _____ Address _____

Phone _____ Email _____ Signature _____ Date _____