

LETTER OF RECOMMENDATION

To the Applicant: Please give this form to the recommender, who should seal the completed form and letter in an envelope (with signature over the flap) and return it to you or send it to the address listed below.

Applicant's Name (Last, First Middle)

Applicant's Address (No. and Street, Town, State/Province, Post/Zip Code, Country)

Check Degree Applied for...

Ph.D.

M.A.

WAIVER: *I hereby waive my right to inspect this letter of recommendation written to the University of Connecticut on my behalf.*

Yes

No

Applicant's signature _____ Date _____

To the recommender: This applicant has given your name as one who is familiar with his/her work. In your letter, please evaluate this applicant's aptitude, previous training, motivation, scholarly promise, teaching talent, and ability to express him/herself orally and in writing. Details are often more helpful than generalizations; please take as much space as you require and attach this form to your response. So as to not delay the application, please return your letter by January 15th in a sealed and signed envelope either directly to the applicant or to the following address:

University of Connecticut
Graduate School
438 Whitney Road, Ext., Unit 1006
Storrs, CT 06269-1006
USA

You may fax this form along with your letter to +1 (860) 486-6739.

Name	Title
Institution	Department
Signature	Date