

PLEASE DO NOT STAPLE

Letter of Recommendation
The University of Virginia Graduate School of Arts and Sciences
P O Box 400775
Charlottesville VA 22904-4775

To be filled in by applicant:

<i>(Last or Family Name)</i>	<i>(First Name)</i>	<i>(Middle Name)</i>
Social Security Number: _____		
Department Applied To: _____		Special Field: _____
Degree Sought: _____ <small>(MA, MS, MFA: JOINT MA-JD or MA-MBA; Masters & PhD or PhD)</small>	Applicant for Fellowship: <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant for Assistantship: <input type="checkbox"/> Yes <input type="checkbox"/> No

To be read by applicant and recommender:

Under the Family Educational Rights and Privacy Acts of 1974, a successful applicant for admission to the University of Virginia has access to his or her admissions records, including letters of recommendation. However, an applicant may waive the right to see letters of recommendation, in which case letters will be held in confidence. If an applicant has not signed a waiver, then it is assumed that this letter of recommendation is submitted with the recommender's understanding that the applicant, once admitted to and registered at the University of Virginia, may request to see the letter. Consideration of the application will not be affected in any way by the applicant's decision whether or not to waive the right of inspection.

If you wish to waive your right to examine this letter of recommendation, please sign below.

<i>Signature of Applicant</i>	<i>Date</i>
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For the reviewer:

We would appreciate your candid evaluation of the applicant's potential to succeed in a graduate program at the University of Virginia. How well do you know the student and in what capacity? Has the student mastered the required background information for graduate school? Do they have the maturity and motivation to succeed? How well do they express themselves in speech and writing? We welcome any comments that will help provide a complete picture of the applicant's potential in graduate school. Please feel free to use separate sheets if you desire.



Name of Recommender		Date
Title and Department	AT	College or University
Address		Signature