MICHIGAN STATE UNIVERSITY

LETTER OF RECOMMENDATION for ADMISSION

Contact your department/school to obtain any special forms or instructions for letters of recommendation.
DO NOT USE THIS FORM IF YOUR DEPARTMENT/SCHOOL SUPPLIES AN ALTERNATIVE FORM.
Please copy this page for use by each recommender

PLEASE TYPE OR PRINT

A. Instructions to the applicant: You **must** provide **all** information requested in Section A. Print your name as it appears on your application. Print the name of the department/school to which you are applying.

Name _____

Department/School _____ Date of Birth (mm/dd/yyyy)_____

Under the provisions of the Family Educational Rights and Privacy Act of 1974, and if you are admitted and enrolled, you will have access to the information provided in letters of recommendation unless you have waived such access. Please sign and date below to inform us of your decision. Your choice will not affect your eligibility for admission.

I hereby waive my rights of access to the letter of recommendation prepared in response to this request.

OR

I do **not** waive my right of access to the letter of recommendation prepared in response to this request.

_____ _____

Signature of Applicant Date Signature of Applicant Date

B. Recommender: Under the provisions of the Family Educational Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to your comments unless he/she has waived such access.

Please attach a letter with specific comments on the applicant's strengths and limitations for graduate study. Descriptions of significant actions, accomplishments, and personal qualities related to scholarly achievement are particularly helpful. Several paragraphs will be more useful to the admission committee than one or two sentences.

1. How long and in what capacity have you known the applicant?_____

2. Among approximately _____ students I have known in comparable fields, I would rank this student in the upper _____ percent.

   The comparison group is (e.g., undergraduates at your institution):_____

3. After signing this form please mail to: Department/School (named above)
   Michigan State University
   East Lansing, MI 48824 USA

Signature: _____ Date (mm/dd/yyyy): _____

Print Name:_____ Institution: _____

Position: _____ Address: _____

E-mail: _____ Phone: _____