

Coversheet for Letter of Recommendation (Required)

Mail to the department of _____, University of California, Santa Barbara, CA 93106

THIS PORTION TO BE COMPLETED BY THE APPLICANT

Be sure to inform your recommender of the application deadline of: _____
See: <http://www.graddiv.ucsb.edu/programs>

Name _____ Quarter _____
Legal family name (surname) First name Middle Name

Proposed Department _____ Emphasis _____ Degree _____
See: <http://www.graddiv.ucsb.edu/programs>

Are you applying for financial support? Please check the appropriate box. YES NO

THIS PORTION TO BE COMPLETED BY THE RECOMMENDER

Please attach this form to your letter of recommendation

The person named above is applying for admission to graduate study and may be applying for financial assistance to the University of California, Santa Barbara. We would appreciate your personal impressions of the candidate's intellectual ability aptitude in research and professional skill. Please comment on the applicant's character, quality of previous work, and promise of productive scholarship.

Please rate this student's overall promise for success in graduate school as compared to other students with whom you have worked:

<input type="checkbox"/> Below Average (Lowest 50%)	<input type="checkbox"/> Average (51% to 70%)	<input type="checkbox"/> Above Average (71% to 80%)	<input type="checkbox"/> Good (81% to 90%)	<input type="checkbox"/> Excellent (91% to 95%)	<input type="checkbox"/> Outstanding (96% to 99%)	<input type="checkbox"/> Truly Exceptional (Top 1%)
<input type="checkbox"/> Inadequate Opportunity to Observe			<input type="checkbox"/> Decline to State			

Recommender's Name (please print) _____

Position or Title _____ Institution or Company _____

Address _____

Email Address _____

Signature _____ Date _____

Please mail this form with your letter of recommendation directly to the department to which the applicant is applying.

APPLICANT'S WAIVER OF RIGHT TO ACCESS THE LETTER OF RECOMMENDATION

Name _____
Last First Middle

Propose department/program _____

Name of recommender _____

The Family Educational Rights and Privacy Act of 1974 gives students (persons admitted and enrolled in the university) the right to inspect letters of recommendation written in support of an application for admission and financial assistance. In addition, the law permits students to expressly waive the right to inspect letters submitted on their behalf, although such a waiver must be voluntary and cannot be a condition of admission, award, or employment. I, the undersigned, understand that the information provided in this letter may be used by the university in deciding upon admission to graduate study and/or the award of a fellowship or assistantship. I have read and understand the regulation concerning Waiver of Access to Confidential Letters of Recommendation. Having read this information I choose one of the following:

Check here: **I hereby waive any and all rights of access to this letter of recommendation**

Check here: **I do not agree to waive access to the letter of recommendation**

Signature of Applicant _____ Date _____

Departments – Please remove this waiver slip from the letter of recommendation prior to evaluations and keep it separate until a final decision has been rendered. It should then be returned to the academic department file.