RECOMMENDATION FOR ADMISSION

PLEASE PRINT OR TYPE

To the applicant: Complete the requested information on this form and send it to the individual who will be providing your letter of recommendation. It is considerate to provide a stamped, pre-addressed envelope.

Name of Applicant: __________________________________________________________

Application Deadline Date: ________________________________________________

Optional: I hereby waive my rights of access to this confidential recommendation as provided in the Education Rights and Privacy Act of 1974.

_________________________________________________________________

Signature of applicant Date

To the writer: Please state on the back of this form or on an attached statement on your letterhead your opinion of the applicant’s strengths and limitations for graduate study. Descriptions of significant actions, accomplishments, and personal qualities related to scholarly achievement are particularly helpful.

________________________________________________________________________

Signature Name (Please print or type) Date

Title Department Institution or organization

E-mail address or phone number

Please mail to:
Linda J. Johnson
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