



UC Merced Graduate Division

Return form to:
UC Merced
Graduate Division
Attn: Recommendation
5200 N Lake Road, Ste. 227
Merced, CA 95343

Letter of Recommendation

This Section To Be Completed By The Applicant

Please complete this section then print it out and give it to your recommender. Ask your recommender to return this form along with the letter of recommendation to the Graduate Division.

Applicant Name: Last First Middle

Mailing Address: Street City State/Country Postal/Zip Code

E-mail Address: Telephone:

Major: Degree Objective: MA MS PhD Application for Semester/Year:

To the applicant: This letter of recommendation is to be received and maintained in confidence by the University of California, Merced for graduate admissions consideration. The Family Educational Rights and Privacy Act of 1974 gives students (persons admitted and enrolled) the right to inspect letters of recommendation written in support of applications of admission. The law also permits students to waive that right if they choose, although such a waiver must be voluntary and cannot be a condition of admission, award, or employment. I have read and understand the regulations.

- I hereby waive any and all rights of access to this letter of recommendation under the Family Education Rights and Privacy Act of 1974, or any other law, regulation or policy.
I do not agree to waive access to this letter of recommendation.

Signature of Applicant: Date:

This Section To Be Completed By the Recommender

The Admissions Committee cannot use letters of recommendation intended to be confidential unless the applicant waives any and all rights of access to this letter. Statements about confidentiality should not appear on the letter itself. If this letter is intended to be confidential, the student must complete and sign above.

The above applicant is applying for admission to graduate study at University of California, Merced. The University is particularly interested in an evaluation of the applicant's potential for academic professional achievement in the field indicated. Explicit descriptions of academic strengths and weaknesses are more helpful to the candidate than routine praise. Comments about character, integrity or motivation also are appreciated, if pertinent. The experience upon which the opinion of the writer is based should be described. Ranking should be related to other students in the same class or academic program, or other persons of comparable experience. Please attach your letter of recommendation, preferably printed on your institutions' letterhead, to this completed document.

Please check one for each category below.

Table with 7 columns: Category, Upper 1-2%, Upper 10%, Upper 25%, Upper 50%, Lower Half, No Basis for Judgment. Rows include Intellectual ability, Imagination & creativity, Ability in oral expression, Writing ability, Quality of previous work, Research aptitude.

Among the individuals I have know in recent years in the applicant's field and at a comparable level of study/achievement, I would rank this applicant in the upper %.

Recommender's Name: (Print) Position/Title:

Professional Address: Street State/Country Postal Zip Code

E-mail address: Telephone:

Signature: Date:

Note: In compliance with the provision of California State Senate Bill No. 1493 (Stull bill), this form will be kept in a file separate from the applicant's departmental admission file until after the close of the admission period for which this application is being made.