University of Massachusetts Boston

Letter of Recommendation for Graduate Admission

Applicant's name	Last (Family)															Ш						\perp
	First (Given)															Ш						L
	Middle													\perp		Ш						L
Applicant's Social S	Security Number																					
Applicant's address	Applicant's address																					
Proposed program	of study																					
Person providing re	ecommendation (F	Please p	rint n	ame	.)																	
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☐ I do not wish of Massachusetts E	to waive this righ Boston.	nt. Rathe	er, I w	ish t	o re	tain	the	e rig	ht to	vie	w t	his	lette	er in	my	file	at t	he l	Jniv	ersit	у	
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To the recommender: Please comment in detail regarding the applicant's potential for graduate study and your basis for judgment. We are particularly interested in your assessment of this applicant's a) capacity and motivation for carrying on advanced study and research, b) creative talent, c) ability to speak and write English clearly, and d) promise for a successful career. We are also interested in the applicant's potential for work as a teaching or research assistant. Use the opposite side of this page if necessary, or a separate sheet headed with the applicant's name and social security number. Because the University of Massachusetts Boston is in compliance with Section 504 of the Rehabilitation Act of 1973, we ask you to avoid referring directly or indirectly to any disability the applicant may have.

Please mail the completed form to the applicant or to the address below:

Office of Graduate Admissions University of Massachusetts Boston 100 Morrissey Blvd. Boston, MA 02125-3393 Phone: 617 287-6400

FdX. 017 207-0230	
Recommender's signature	Date
Please print name	
Title/Position	
Institution/Organization and address	