



UNIVERSITY OF SAN FRANCISCO SCHOOL OF EDUCATION

# Recommendation for Graduate Admission

## To the Applicant

Please fill out the following section and give it to the person most able to evaluate your academic or professional ability.

Legal Name

\_\_\_\_\_  
LAST/FAMILY NAME FIRST/GIVEN NAME MIDDLE/ADDITIONAL NAME

Social Security Number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Present Mailing Address

\_\_\_\_\_  
STREET ADDRESS  
\_\_\_\_\_  
CITY STATE ZIP OR FOREIGN MAILING CODE  
\_\_\_\_\_  
COUNTRY

Term  Fall  Spring  Summer Year: \_\_\_\_\_

## Right of Access

I have requested that this form be used in the admission and counseling process of the University of San Francisco. I understand that the Family Education Rights and Privacy Act of 1974 allows me the option to choose whether I will, or will not, have the right to read this letter of recommendation. Accordingly, I choose the following option by checking the appropriate box:

- I waive access to this letter of recommendation.  
I understand that it will remain confidential and that I will not have access to read it.
- I do not waive access to this letter of recommendation.  
I retain my right to have access to read it during the admission process at the University of San Francisco.

\_\_\_\_\_  
SIGNATURE OF APPLICANT DATE

## To the Recommender

The applicant whose name appears above is a candidate for admission to the University of San Francisco. We would value your candid appraisal of this applicant. Please complete the remainder of this form as soon as possible and return to the following address:

University of San Francisco  
School of Education  
Dean's Office, Room 107  
2130 Fulton Street  
San Francisco, CA 94117-1046

# Letter of Recommendation

*Please include a statement concerning the applicant's level of motivation, intellectual ability, professional potential, creativity, communication skills, and readiness for graduate studies. You may include a separate sheet (on letterhead, if possible) for your evaluation, but please complete this form and include it with your evaluation.*

How long have you known this candidate? \_\_\_\_\_

In what capacity? \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF RECOMMENDER

\_\_\_\_\_  
DATE

## Recommender Name

\_\_\_\_\_  
LAST/FAMILY NAME

\_\_\_\_\_  
FIRST/GIVEN NAME

\_\_\_\_\_  
MIDDLE/ADDITIONAL NAME

\_\_\_\_\_  
POSITION

## Institution

\_\_\_\_\_  
INSTITUTION NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP OR FOREIGN MAILING CODE

\_\_\_\_\_  
TELEPHONE NUMBER