

**University of Nebraska at Omaha  
Department of Psychology  
Letter of Recommendation Form**

Last Name:	First Name:	MI:
Area of Concentration:	Degree Sought:	

It is the policy of the Graduate College that letters of recommendation submitted in support of admission to graduate study, financial aid, or academic employment are confidential. The Family Educational Rights and Privacy Act of 1974 gives students, once admitted and enrolled, the right to inspect letters of recommendation. The law also permits students to waive the right if they choose. Such a waiver must be voluntary and can't be a condition of admission, award, or employment. Applicant please indicate whether or not you waive your right to examine this letter of recommendation:

\_\_\_\_\_ I agree to waive access to this letter. \_\_\_\_\_ I don't agree to waive access to this letter.

Please provide the name of the recommender: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

<b>This Part to be Completed by the Recommender</b>
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The person named above is applying for admission to graduate studies in psychology at the University of Nebraska at Omaha. The applicant may be applying for financial assistance as a teaching assistant. We would appreciate your personal impressions of the candidate's intellectual ability, aptitude in research, or professional skills. Please comment on the applicant's character, quality of previous work, and promise of productive scholarship. **THE DEPARTMENT REQUIRES A SEPARATE LETTER TO BE ATTACHED TO THIS FORM PROVIDING AS MUCH DETAIL AS YOU DEEM APPROPRIATE. THIS FORM DOESN'T CONSTITUTE A RECOMMENDATION.** The Graduate Program Committee thanks you for your time and effort.

RECOMMENDER'S INFORMATION	
Last Name:	First Name:
Position/Title:	School/Company:
Phone/Contact #:	Relationship to Applicant:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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