

CaLARTS LETTER OF RECOMMENDATION

24700 MCBEAN PARKWAY, VALENCIA, CA 91355-2340 USA

PART I *To be completed by the applicant. Sign before giving this form to your recommender.*

Applicant's Legal Last Name <i>(family)</i>	Legal First Name <i>(given)</i>	Legal Middle Name
Program to Which You Are Applying	Applicant's Email Address	
Name of Recommender	Relationship to You	
Signature of Applicant <i>(Missing signature will render the confidential clause null and void.)</i>	Date	

PART II *To be completed by the applicant. Complete before giving this form to your recommender.*

Under the Family Educational Rights and Privacy Act of 1974, students have access to their education record, including letters of recommendation. However, students may waive their right to see letters of evaluation, in which case the letters will be held in confidence.

DO YOU WISH TO WAIVE YOUR RIGHT TO EXAMINE THIS LETTER OF RECOMMENDATION? Yes No

PART III *To be completed by the applicant. Sign before giving this form to your recommender.*

The applicant named above has requested your recommendation for admission to CalArts. We would greatly appreciate your appraisal of the applicant on the basis of his or her past performance in a creative and/or classroom setting and your perception of his or her talent, professional promise and scholastic aptitude. Please assess the student's strengths and weaknesses and write your comments on the back of this form or attach a letter on your letterhead. Thank you very much.

Signature of Recommender	Name <i>(in case left blank above)</i>	Date	
Title	Institution/Organization/Company	Relationship to Applicant	
Number and Street <i>(apartment #)</i>	City, State/Province	Zip/Postal Code	Country
Telephone Number	Fax Number	Email	

MAY CALARTS CONTACT YOU IF WE HAVE QUESTIONS? Yes No