



MASTER OF ARTS IN LIBERAL STUDIES PROGRAM

Recommendation Form for Graduate Admission

This form is to be completed and returned to the Master of Arts in Liberal Studies Program, University of Miami, 125-G Memorial Building, Coral Gables, FL 33124-2302.

Candidate Please Complete

Name of Candidate _____
Last Name First Name Middle Name

I hereby waive my right of access, under the Family Educational Rights and Privacy Act of 1974 to this letter of evaluation respecting my application for graduate admission to the University of Miami.

Signature Date

Note that the signing of this statement is optional. Under law, refusal to sign the statement cannot be used negatively in the admission process.

The person named above is applying for admission to the University of Miami's Master of Arts in Liberal Studies Program (MALS), an interdisciplinary degree. The MALS program is designed for the returning student who seeks intellectual challenge and personal development. We are interested in those qualities that relate to the candidate's ability to work at the graduate level. We would appreciate your opinion as to whether you think that this applicant has the ability to succeed in the MALS Program.

A written statement, in addition to the completion of this form, will help us in our decision.

Name _____ Telephone _____

Institution / Business _____

Address _____

I have known the applicant for _____ years as _____.

	Exceptional	Outstanding	Good	Average	Below Average	Unable to evaluate
Intellectual Ability						
Self-Discipline						
Maturity						
Ability to communicate orally						
Ability to communicate in writing						
Ability to work independently						

I strongly recommend I recommend I recommend with reservation this candidate.

SIGNATURE DATE