Letter of Recommendation

This Part to be Completed by the Applicant

Name, as given on the application	Last			First			Mido	lle	
Address			City	State		Zip Code	Count	ery (if not U.S.)	
E-mail Address			,		one				
Applicant for the term beginning	ng Proposed Major at UCLA Immediate Degree Objective								
Applicant's Statement: I understand for admission consideration for graduate tion Rights and Privacy Act of 1974, the rights I am waiving include, but ar the right to request an amendment of the	this letter of e status. I here ne California Ir e not limited t	by expressly v nformation Pr	waive any and al actices Act of 1	l rights I mi 977, and an	ght have of acc y/or all other la	ess to this eval ws, regulation	uation under ns or policies.	the Family Educ I understand th	
I agree to waive access to this statem	nent from (Na	ne of Recom	mender):						
I do not agree to waive access to th									
Signature of Applicant									
	Plea	se mail or g	ive this form to	your reco					
Perforation for U	— — — — ICLA department	t use only: to be	e detached by UCL			to Admission Co	mmittee		
RECOMMENDER - Please mail to:		UCLA Or return to applicant in a sealed envelope. Graduate Adviser							
		Department/School of							
	Box .	Angeles CA ((APPLICAL 90095	NT: Please fill in	name and address of	program to which	ou are applying -	see dept info link)	
					1	,			
financial support from) UCLA. The Un ment in the field indicated. Explicit de about character, integrity or motivation should be related to other students in t mendation to this completed document	escriptions of a are also apprea the same class	cademic stre ciated, if pert	ngths and weak inent. The expe	nesses are merience upon	ore helpful to which your op	the candidate vinion is based	than routine should be de	praise. Commen scribed. Ranking	
	Truly				Above		Below	for	
	Exceptional	Excellent	Very Good	Good	Average	Average	Average	Judgment –	
Intellectual ability						0		0	
Imagination and creativity									
Ability in oral expression									
Writing ability									
Quality of previous work									
Research aptitude									
Promise as a professional in the field									
How long have you known this ap	oplicant?								
In what capacity?									
Recommender's Name (Please Print)				D	n or Title				
Recommender 5 (Value (1 lease Fillit)				Position or Title					
Name of Institution or Business				Address	s				
Phone Ema	Email			Signature			Date		