

Saint Mary's College of California
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www.stmarys-ca.edu/graduate-kinesiology



**SCHOOL OF
LIBERAL ARTS**

Graduate Kinesiology

**Letter of Recommendation
Admission to Saint Mary's College
Graduate Kinesiology Program**

Name of Applicant

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 admission to Saint Mary's College.

Signature of Applicant

Date

To the recommender: Saint Mary's College of value your comments on the suitability of this applicant to pursue graduate level work in Kinesiology and will hold your comments in confidence if the applicant has signed the above waiver. If you need more room, please continue on the back of this sheet or attach additional information.

Name of Evaluator: _____

Title: _____

Address: _____

Please mail or email this evaluation to:

Graduate Kinesiology Department
Saint Mary's College of California
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Moraga, CA 94575-4500
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