

Letter of Recommendation Form

Applicant In	formation						
Applican	Applicant's Name			AU/WCL ID #			
Phone				Email			
	This form must be fully correcommender's signature w				nendation. A letter red	ceived without this complete	ed
Doctor Program. It v	ich this confidential stateme will be received and maintain s concluded — you may ins	ned in confidence.	If you are adm	itted and enroll an	d if WCL retains lette	rs of recommendation once	the
and all access rights	etters and statements of reco s I might have to such recon policies." (WCL will not proce	nmendations unde	r the Federal F	amily Educational	Rights and Privacy A		
Applicant's signatur	е			Date			
recommendation fro applicant's ability, a of advanced acader candidates for admi the candidate within	The person whose name apom you, and it would be very cademic and otherwise, to sinic study. Evidence of over ssion. You may wish to include the reference group in which	helpful if you sub tudy law, including coming adversity, i ude how well you ch she or he is bei	mit your signed g qualities of m rising to challer know the cand ng compared, a	I letter as soon as ind and character, iges, and achievin idate and in what of and how the candid	possible. WCL values dedication, responsible g beyond expectation capacity, your assess date will add to the di	s your candid appraisal of the polity, and readiness for the as are helpful in assessing ment of the relative strength versity of WCL.	rigors h of
applicant's file. Lette resumes) with your	n must be fully completed ar ers received without this cor letter. They will be returned ter, preferably on letterheac	npleted item or wit to you. Please co	hout your signamplete or corre	ature will be return ct the lower portio	ed to you. Do not sen n of this form and ser	nd supporting materials (e.g nd the form and your signed	.,
Recommend	ler Information						
Recomm	ender's Name & Title				-		
Address					-		
City		State	Zip				
Email							
Phone							