



# Letter of Recommendation Request Form

## College of Marine Science

140 Seventh Avenue South, MSL 119, Academic Affairs

St. Petersburg, FL 33701-5016

TEL: (727) 553-3944 FAX: (727) 553-1189

<http://www.marine.usf.edu/prospective-students/applications.shtml>

### PROSPECTIVE STUDENT INFORMATION

**Instructions:** Please complete all the prospective student information below. Please make additional copies of this form to each person from whom you are soliciting a letter of recommendation.

Graduate Program of Interest: \_\_\_\_\_

Legal Name: \_\_\_\_\_  
Last Name First Name Middle Name

Street Address / Apt. # \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Telephone Number (please include area code) Fax Number (please include area code) E-mail Address

**Instructions:** Prospective Student **must** check one of the following items.

- I waive the right provided by the Family Educational Rights & Privacy of 1974 (Buckley Amendment) to view this recommendation in my file at the University of South Florida.
- I do not wish to waive this right and shall retain the right to view this letter at the University of South Florida.

Prospective Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

### RECOMMENDER INFORMATION

**Instructions:**

1. Please attach this form to your letter.
2. Enclose in an envelope.
3. Seal and sign across the back of the envelope.
4. Return it to the prospective student or mail it directly to the College of Marine Science (address in header)

Name of Recommender (Please Print or type) \_\_\_\_\_