

# Letter of Recommendation

## This Part to be Completed by the Applicant

Name, as given on the application \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code Country (if not U.S.)

E-mail Address \_\_\_\_\_ Phone \_\_\_\_\_

Applicant for the term beginning \_\_\_\_\_ Proposed Major at UCLA \_\_\_\_\_  
month year

**Applicant's Statement:**

I understand this letter of evaluation is to be received and maintained in confidence by the University of California, Los Angeles, for admission consideration for graduate status. I hereby expressly waive any and all rights I might have of access to this evaluation under the Family Education Rights and Privacy Act of 1974, the California Information Practices Act of 1977, and any/or all other laws, regulations or policies. I understand that the rights I am waiving include, but are not limited to, the right to inspect and review this letter; the right to have a copy of this letter made for my use; the right to request an amendment of this letter.

I agree to waive access to this statement from (Name of Recommender): \_\_\_\_\_

I do not agree to waive access to this statement from (Name of Recommender): \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*Please email this form to your recommender.*

## This Part to be Completed by the Recommender

**To the Recommender:** We would appreciate your opinion of \_\_\_\_\_, an applicant for graduate admission to UCLA. The University is particularly interested in an evaluation of the applicant's potential for academic and professional achievement in the field indicated. Explicit descriptions of academic strengths and weaknesses are more helpful to the candidate than routine praise. Comments about character, integrity or motivation are also appreciated, if pertinent. The experience upon which your opinion is based should be described. Rankings should be related to other students in the same class or academic program or other persons of comparable experience. Please attach your letter of recommendation to this completed document.

	Truly Exceptional	Excellent	Very Good	Good	Slightly Above Average	Average	Below Average	No Basis for Judgment
Intellectual ability								
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 applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Recommender's Name (Please Print) \_\_\_\_\_ Position or Title \_\_\_\_\_

Name of Institution or Business \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_