Letter of Recommendation for Graduate Admission

To the applicant: Please provide the information requested in this section of this form (please type or print in black ink), sign the form, and give it to a person well acquainted with your academic abilities who has agreed to recommend you for admission to the graduate program of your choice.

Applicant's name Last (Family) _____

First (Given) _____

Middle _____

Applicant's Social Security Number _____

Applicant's address _____

Proposed program of study _____

Person providing recommendation (Please print name.) _____

☐ I waive the right provided by the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment) to view this letter of recommendation in my file at the University of Massachusetts Boston.

☐ I do not wish to waive this right. Rather, I wish to retain the right to view this letter in my file at the University of Massachusetts Boston.

Signature of applicant _____ Date _____

To the recommender: Please comment in detail regarding the applicant's potential for graduate study and your basis for judgment. We are particularly interested in your assessment of this applicant's a) capacity and motivation for carrying on advanced study and research, b) creative talent, c) ability to speak and write English clearly, and d) promise for a successful career. We are also interested in the applicant's potential for work as a teaching or research assistant. Use the opposite side of this page if necessary, or a separate sheet headed with the applicant's name and social security number. Because the University of Massachusetts Boston is in compliance with Section 504 of the Rehabilitation Act of 1973, we ask you to avoid referring directly or indirectly to any disability the applicant may have.

Please mail the completed form to the applicant or to the address below:

Office of Graduate Admissions and the Graduate Registrar
University of Massachusetts Boston
100 Morrissey Blvd.
Boston, MA 02125-3393
Phone: 617 287-6400
Fax: 617 287-6236

Recommender's signature _____ Date _____

Please print name _____

Title/Position _____

Institution/Organization and address _____