

LETTER OF RECOMMENDATION

Name of Applicant _____
(Please Print) Last Name First MI

This letter is in support of (check one or both):
_____ Admission _____ Financial Aid

(THREE LETTERS OF RECOMMENDATION ARE REQUIRED FOR ANYONE SEEKING ADMISSION)

TO THE APPLICANT: The Family Educational and Privacy Act of 1974 gives to persons admitted and enrolled the right to inspect letters of recommendation in support of applications for admission or financial aid. This act also permits such persons to waive that right if they choose, although such a wave cannot be a condition of admission or financial aid. PLEASE CHECK DATE AND SIGN ONE OF THE TOW STATEMENTS IMMEDIATELY FOLLOWING AND RETURN WITH EACH LETTER OF RECOMMENDATION.

_____ I hereby waive my right to inspect this letter. Signature _____
Date _____

_____ I DO NOT waive my right to inspect this letter. Signature _____
Date _____

TO THE WRITER: The Graduate Committee requests your estimate of the applicant's ability to perform as a graduate student in this department. How long and in what capacity have you known the applicant? What are his/her strengths and weaknesses? Please comment on the applicant's proficiencies in writing and speaking. What is your estimate of his/her potential as a practitioner, researcher, and teacher?

(PLEASE CONTINUE COMMENTS ON THE OTHER SIDE, OR ON A SEPARATE SHEET, IF NECESSARY)

Among approximately _____ students (of comparable background) I have known in recent years, I rank this applicant in the upper _____ per cent.

Date _____ Signature _____
Institution _____ Print Name _____
Address _____ Position _____

PLEASE MAIL TO: Department of Geosciences
Chair, Graduate Committee
University of Wisconsin-Milwaukee
PO Box 413
Milwaukee, Wisconsin 53201-0413