



LETTER OF RECOMMENDATION

Deadline: January 15

Mail the Completed Form to:
Director of Graduate Studies
Department of Sociology
University of Wisconsin-Milwaukee
P.O. Box 413
Milwaukee, WI 53201

TO THE APPLICANT: Please complete this portion before giving this form to the individual you are asking to write a letter of recommendation for you. Please note that this should be a letter of recommendation from a faculty member or instructor who is familiar with your academic abilities.

NAME OF APPLICANT _____

FIELDS OF INTEREST (Tentative) _____

Under the provisions of the Family Education Rights and Privacy Act of 1974, you (if admitted and enrolled) will have access to the information provided unless you have waived such access.

I hereby waive my right of access to the
to the information provided below

OR

I do not waive my right of access
to the information provided below

Signature of Applicant Date

Signature of Applicant Date

TO THE RECOMMENDER: After responding to the items below, please comment specifically on the applicant's strengths and limitations for graduate study. Please attach your letter of recommendation to the form. The letter should be on official University letterhead.

1. How long have you known the applicant? _____

2. In what capacity? _____

3. Please rate this student in terms of overall promise for graduate study:

Lowest Middle Next Next Highest
40% 20% 15% 15% -----10%-----
Below Ave. Average Above Avg Very Good Excellent Outstanding Exceptional

Signature _____ Date: _____

Name printed or typed _____

Position/Institution _____