## **RECOMMENDATION FOR ADMISSION**

**To the applicant:** Complete the requested information on this form and send it to the individual who will be providing your letter of recommendation. It is considerate to provide a stamped, pre-addressed envelope.

Name of applica	nt:	
Application dead	lline date:	
	y waive my rights of access to e Education Rights and Privacy	this confidential recommendation y Act of 1974.
Signature of applicant		Date
statement on you limitations for gr	·	he applicant's strengths and
Signature name (	please print or type)	Date
Title	Department	Institution or organization
Email address or p	phone number	

## Please mail to:

MAELR Program
Wayne State University
Walter P. Reuther Library
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laborstudies@wayne.edu | 313-577-0175 | 313-577-5359 (fax)