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 applicant: __________________________________________

Application deadline date: ________________________________

Optional: I hereby waive my rights of access to this confidential recommendation as provided in the Education Rights and Privacy Act of 1974.

___________________________________________________________
Signature of applicant                                  Date

To the writer: Please state on the back of this form or on an attached statement on your letterhead your opinion of the applicant’s strengths and limitations for graduate study. Descriptions of significant actions, accomplishments, and personal qualities related to scholarly achievement are particularly helpful.

___________________________________________________________
Signature name (please print or type)                                  Date

Title                                               Department                       Institution or organization

___________________________________________________________
Email address or phone number

Please mail to:

Linda J. Johnson
MAELR Program
Wayne State University
Walter P. Reuther Library
5401 Cass Ave, Detroit, MI 48202
linda.johnson@wayne.edu | 313-577-0175 | 313-577-5359 (fax)