



**LETTER OF RECOMMENDATION**

**Return to:**

UCI Academic Program to which you are applying:  
[www.rgs.uci.edu/grad/contact/prgm\\_dir.htm](http://www.rgs.uci.edu/grad/contact/prgm_dir.htm)

**APPLICANT** Please complete this form. Then print it out, and give it to your Recommenders. Make sure to complete the "Return to" address box on [pg. 2](#), and ask your Recommenders to return this *Letter of Recommendation* along with the *Waiver of Access* form to the academic program listed in the address box.

Name of Applicant \_\_\_\_\_  
 Last Name (Family) \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 Street \_\_\_\_\_ State/Country \_\_\_\_\_ Postal Zip Code \_\_\_\_\_

Degree Program \_\_\_\_\_ Field of Emphasis \_\_\_\_\_

Proposed Quarter & Year of Enrollment \_\_\_\_\_

**RECOMMENDER**

**To the Recommender:** The Admissions Committee cannot use letters of recommendation intended to be confidential unless the applicant waives any and all rights of access to this letter. Statements about confidentiality should not appear on the letter itself. If this letter is intended to be confidential, the student must complete and sign the accompanying Waiver of Access form.

The University is particularly interested in an evaluation of the applicant's potential for academic and professional achievement in the field indicated. Explicit descriptions of academic strengths and weaknesses are more helpful to the candidate than routine praise. Comments about character, integrity or motivation also are appreciated, if pertinent. The experience upon which the opinion of the writer is based should be described. Rankings should be related to other students in the same class or academic program, or other persons of comparable experience. Please attach your letter of recommendation, preferably printed on your institution's letterhead, to this completed document.

(Please check one percentage level for each category below.)

	Upper 1-2%	Upper 10%	Upper 25%	Upper 50%	Lower Half	No Basis for Judgment
Intellectual Ability						
Imagination & Creativity						
Ability in Oral Expression						
Writing Ability						

Among the individuals I have known in recent years in the applicant's field and at a comparable level of study/achievement, I would rank this applicant in the upper \_\_\_\_\_ %.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (print) \_\_\_\_\_ Title/Institution \_\_\_\_\_

Professional Address \_\_\_\_\_  
 Street \_\_\_\_\_ State/Country \_\_\_\_\_ Postal Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_



WAIVER OF ACCESS TO LETTER OF RECOMMENDATION

APPLICANT

Please print this form. Waiving your right of access is optional; however, regardless of whether or not you waive your right of access, the completed Waiver of Access form must be given to the person from whom you are requesting a recommendation.

Name of Applicant Last Name (Family) First Middle Other

Proposed Academic Degree Program Quarter/Year of Proposed Enrollment

To the Applicant: The Family Educational Rights and Privacy Act of 1974 gives students (persons admitted and enrolled) the right to inspect letters of recommendation written in support of applications of admission. The law also permits students to waive that right if they choose, although such a waiver must be voluntary and cannot be a condition of admission, award, or employment.

If you wish to waive your right to examine the accompanying letter of recommendation, please sign the waiver below.

I expressly waive any rights that I might have to access to this letter of recommendation under the Family Educational Rights and Privacy Act of 1974, or any other law, regulation, or policy.

Date: \*Signature of Applicant

\*Do not sign unless you wish to waive your right to examine the accompanying letter of recommendation.

RECOMMENDER

Please sign below, and return both this waiver form and the accompanying letter of recommendation to the Academic Degree Program the student indicated below. Thank you.

Date: Signature of Recommender

Name (Print)

Note: In compliance with the provisions of California State Senate Bill No. 1493 (Stull bill), this form will be kept in a file separate from the applicant's departmental admission file until after the close of the admission period for which this application is being made.

RETURN TO: University of California, Irvine

Department: Building Address: City, State Zip Code: