



non confidential recommendation form

TO THE APPLICANT: Complete the top portion and give this form to the person you are asking to recommend you along with a stamped envelope addressed to the Graduate Coordinator in the Department of French & Italian (see address below).

I understand that Federal law provides me, after enrollment, with a right of access to this Letter of Recommendation and that no school may require me to waive this right.

(Please cross out the phrase that does not apply.)

I hereby waive/ I hereby do not waive my right of access to this Letter of Recommendation.

Applicant's name: _____ Intended Graduate Major: French / Italian

Applicant's signature: _____ Date: _____

TO THE RECOMMENDER: The person whose name appears below is applying for admission to Graduate School at the University of Wisconsin-Madison. We appreciate your honest evaluation of the applicant. (If you do not know the student well, please feel free to say so and supply grades in your courses or other pertinent information from your records.) In compliance with the Family Rights and Privacy Act of 1974 (Public Law 93-380), we cannot assure the confidentiality of your evaluation unless the applicant waives his/her right to access in a written statement to this office.

Applicant's name: _____

Your name: _____ Date: _____

Position: _____ Institution/Company: _____

How long have you known the applicant? _____

In what capacity? _____

Please sign below then comment on any particular strengths and weaknesses of the applicant. If you think the applicant's grades or scores on standardized tests are misleading about the applicant's promise for graduate studies, please indicate why. Attach additional pages as needed.

Recommender's signature: _____