

Graduate Division RECOMMENDATION FORM

Please Type or Print Clearly

Applicant should complete the relevant section below and then submit this form to the person providing the recommendation.

Applicant's Name _____
Last First Middle

Social Security # _____

Proposed Program of Study _____

TO THE APPLICANT

Please give this recommendation form to an individual who can describe your background, experiences, motivation, or capacity to do graduate work.

This recommendation will become part of your Admission file. It will not be disclosed to any unauthorized individual without your consent. If you matriculate at Loyola Marymount University, you will be accorded access to its contents unless you voluntarily waive your rights of access. Please check one of the boxes and sign the statement below.

I have read the information above and I hereby:

- Waive
- Do not waive my right of access to this document should I matriculate at Loyola Marymount University.

Signature _____ Date _____

TO THE PERSON MAKING THE RECOMMENDATION

Under the 1974 Family Educational Rights and Privacy Act, the applicant named above will have access to this information unless she/he has waived that right.

In what capacity and how long have you known the applicant?

The Admission Committee greatly appreciates your cooperation in providing an evaluation of the applicant's potential as a graduate student. Please attach a statement on **company or school stationery** commenting on the applicant's:

- Academic Ability
- Written and Oral Communication
- Maturity
- Motivation
- Acceptance of Responsibility
- Persistence and Independence

Name of Recommender

Title

Institution/Company

Address

City State Zip

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Work Phone #

Signature Date

Please mail completed form and your attached letter to:

Graduate Division
University Hall
Loyola Marymount University
1 LMU Drive, Suite 2500
Los Angeles, CA 90045-2659

PHONE (310) 338-2721

FAX (310) 338-6086