

**UC SANTA BARBARA COVERSHEET FOR HARD COPY LETTER OF RECOMMENDATION SUBMISSIONS**

**THIS PORTION TO BE COMPLETED BY THE APPLICANT**

Mail to the Department of \_\_\_\_\_, University of California, Santa Barbara, CA 93106

The application deadline for the program I am applying to is: \_\_\_\_\_  
See: <http://www.graddiv.ucsb.edu/programs>

Applicant Name \_\_\_\_\_  
Legal family name (surname) First name Middle Name

Proposed Degree \_\_\_\_\_ Emphasis \_\_\_\_\_ Quarter \_\_\_\_\_

**APPLICANT'S WAIVER OF RIGHT TO ACCESS THE LETTER OF RECOMMENDATION**

Name of recommender \_\_\_\_\_

The Family Educational Rights and Privacy Act of 1974 gives students (persons admitted and enrolled in the university) the right to inspect letters of recommendation written in support of an application for admission and financial assistance. In addition, the law permits students to expressly waive the right to inspect letters submitted on their behalf, although such a waiver must be voluntary and cannot be a condition of admission, award, or employment. I, the undersigned, understand that the information provided in this letter may be used by the university in deciding upon admission to graduate study and/or the award of a fellowship or assistantship. I have read and understand the regulation concerning Waiver of Access to Confidential Letters of Recommendation. Having read this information I choose one of the following:

Check only one:

- I hereby waive any and all rights of access to this letter of recommendation**
- I do not agree to waive access to the letter of recommendation**

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**THIS PORTION TO BE COMPLETED BY THE RECOMMENDER**

**Please attach this form to your letter of recommendation**

The person named above is applying for admission to graduate study and may be applying for financial assistance to the University of California, Santa Barbara. We would appreciate your personal impressions of the candidate's intellectual ability aptitude in research and professional skill. Please comment on the applicant's character, quality of previous work, and promise of productive scholarship. In addition to your letter, please provide the following information:

**Please check one level for each category**

	Upper 1-2%	Upper 10%	Upper 25%	Upper 50%	Lower Half	Inadequate Opportunity to Observe	Decline to State
Intellectual Ability							
Imagination & Creativity							
Ability in Oral Expression							
Writing Ability							

Among the individuals I have know in recent years in the applicant's field I would rank this applicant in the upper \_\_\_\_\_%

Recommender's Name (please print) \_\_\_\_\_

Position or Title \_\_\_\_\_ Institution or Company \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

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

**Please mail this form with your letter of recommendation directly to the department specified above by the applicant.**