

# Letter of Recommendation

Return to: Graduate School, Brown University, Box 1867, Providence, RI 02912-1867

### Note to Applicant:

Please make additional copies of this form; three letters of recommendation are required for each application.

This section to be filled in by applicant. (Please type or print.)

Name of Applicant \_\_\_\_\_  
LAST FIRST MIDDLE

Proposed Program of Study \_\_\_\_\_

Name of Referee \_\_\_\_\_  
LAST FIRST

Position, Institution \_\_\_\_\_

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are permitted to waive their right of access to recommendations. The following statement indicates the wish of the applicant regarding this recommendation:

I waive  I do not waive my right to inspect the contents of the following recommendation.

\_\_\_\_\_  
SIGNATURE DATE

**NOTE:** This waiver is not required as a condition for admission to or receipt of financial aid or any other services and benefits from Brown University. It is Brown University policy that all letters of recommendation be used for the admission process only and will be disposed of after they have served this purpose.

**TO THE REFEREE:** We would appreciate your opinion of this applicant for graduate study, including comments on strengths and weaknesses, creativity, initiative, and aptitude for advanced study. For how long and in what capacity have you known the applicant? How does the applicant compare to students who have attended graduate school in recent years? Any other relevant information you care to include will be welcome. If you prefer to write a personal letter rather than use this form, please feel free to do so and attach this form to your letter.

Please rate the applicant relative to other students in the same field in recent years.

	UNABLE TO JUDGE	LOWEST 50%	NEXT 25%	NEXT 15%	NEXT 5%	TOP 5%
Academic Performance						
Intellectual Potential						
Motivation for the proposed program of study						

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
POSITION INSTITUTION