

## REQUEST FOR RECOMMENDATION

\_\_\_\_\_ is applying for admission to a  
Last (Family) Name      First Name      Middle      Maiden Name (optional)

Graduate program at the University of Colorado at Denver and has listed you as a reference on his or her application for graduate work in the \_\_\_\_\_  
(Department or school, to be filled in by applicant)

To the applicant: Under the Family Educational Rights and Privacy Act of 1974, students who are admitted and who matriculate into the program to which they apply are given the right to inspect their records, including their letters of recommendation, unless they have waived their right of review.

You have the option of (1) signing the following waiver or (2) declining to do so.

1.  I expressly waive any rights I might have to access to this letter of recommendation under the Family Educational Rights and Privacy Act of 1974.

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

2.  I do not agree to the waiver above.

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

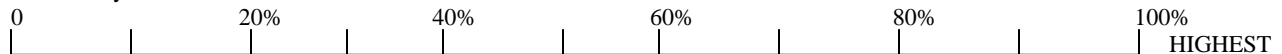
**To the recommender:** This form is intended solely for your convenience; its use is optional. Before you agree to submit a recommendation, whether on this form or on your own stationery, please review the reference to the federal law entitled the Family Educational Rights and Privacy Act of 1974 as presented above in our instructions "To the applicant."

We solicit your candid evaluation of the applicant's preparation for graduate study, range of abilities and accomplishments, and creative and intellectual promise. **On the back of this form, or on your own stationery, please summarize your opinion of (a) the quality of the applicant's academic or creative achievements, including material not apparent on the official transcripts; (b) the applicant's scholarly or creative potential and promise for advanced and original work; (c) those aspects of the applicant's personality and character significant to graduate study; and (d) the applicant's special skills and experience where demonstrated in an art, vocation, or profession.** We would appreciate knowing the extent of your contact with the applicant and any special opportunities you may have had to observe him or her.

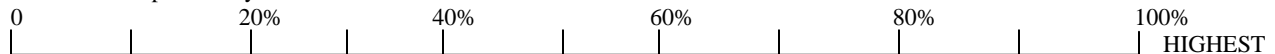
### Summary Evaluation

Compared with the \_\_\_\_\_ (number) students you have known in the past \_\_\_\_\_ years in his or her field at approximately the same level of training, this student would rank as indicated on the scales below, when evaluated for:

a. Scholarly or creative achievement



b. Promise or probability of success



Note: The educational level of the representative group with whom the applicant is compared is:

- College Seniors       Terminal-Year Graduate Students  
 First-Year Graduate Students       Other (specify) \_\_\_\_\_  
 Intermediate-Year Graduate Students

Recommender's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name Printed or Typed \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

**RECOMMENDER PLEASE RETURN THIS FORM TO: University of Colorado at Denver Admissions**

See application deadline sheet for campus box numbers.

Department Name and Department Campus Box Number  
PO Box 173364      Denver, CO 80217-3364