

# Letter of Recommendation

## DEADLINES:

Admissions for Fall and Summer:  
February 1st  
Admissions for Spring: December 1st  
University Fellowships: See Graduate Bulletin  
Teaching and Project Assistantships: March 1st

MAIL this completed form or FAX to:

**Coordinator, Graduate Program**  
Urban Studies Programs  
University of Wisconsin-Milwaukee  
Bolton Hall, Rm 768  
P. O. Box 413  
Milwaukee, WI 53201  
FAX: 414/229-4266

## TO THE APPLICANT:

Fill in your name and fields of interest within urban studies before giving this form to the individual you are asking to recommend you. It is considerate to provide her or him with a stamped, preaddressed envelope.

NAME OF APPLICANT \_\_\_\_\_

FIELDS OF INTEREST (Tentative) \_\_\_\_\_

Under the provisions of the Family Education Rights and Privacy Act of 1974, you (if admitted and enrolled) will have access to the information provided unless you have waived such access.

I hereby waive my right of access  
to the information provided below.

OR

I do not waive my right of access  
to the information provided  
below.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## TO THE RECOMMENDER:

After responding to the items below, please comment specifically on the applicant's strengths and limitations for graduate study. **Please return this form with your letter of recommendation.**

1. How long have you known the applicant? \_\_\_\_\_

2. In what capacity? \_\_\_\_\_

3. Please rate this student in terms of overall promise for graduate study:

|        |         |       |      |               |             |             |
|--------|---------|-------|------|---------------|-------------|-------------|
| Lowest | Middle  | Next  | Next |               | Highest     |             |
| 40%    | 20%     | 15%   | 15%  | -----10%----- |             |             |
| Below  | Average | Above | Very | Excellent     | Outstanding | Exceptional |

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

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

Position/Institution \_\_\_\_\_