Graduate Admission Recommendation

Lincoln University Office of Graduate Studies

820 Chestnut Street, Jefferson City, MO 65101

(573) 681-5125 or (573) 681-5135 gradschool@lincolnu.edu

Name of Applicant:			
	Last	First	M.I.
Name of Graduate Program Being Sought:			
To the applicant: Complete this portion of the form, then give it to the person who will recommend you. Right to Access: This letter of recommendation is confidential and not accessible to the applicant. However, the Family Educational Rights and Privacy Act of 1974, grants enrolled students the right to inspect letters of recommendation.			
Please check: I do I do not waive right to access this letter of recommendation.			
Signature of Applicant:		D:	ate:
To the Recommender: Please return this form directly to the Office of Graduate Studies. Recommenders should be the applicant's supervisor or academic instructor. No letters from this applicant's peers will be accepted. If additional space is required, please attach a separate page. The program selection committee appreciates the writer's opinion of the candidate's ability to carry on advanced studies in his/her field. A careful discrimination between strong and weak characteristics of the candidate is requested.			
Name of Recommender:	DI. D.	Title/	Position:
Address:	Please Print		
Telephone #:	Fax #:	E-mail:	
Signature of Recommender:			