

Department of History
Michigan State University
Confidential Recommendation Form

Applicant:

Print legibly or type your name, circle program, sign access rights, and give form to recommender.

Name _____
Surname/Family Name First Middle

Program: Ph.D MAII (only available to K-12 teachers)

Under the provisions of the Family Educational Rights Act of 1974 you will have access to the information provided in the letters of recommendation unless you have waived such access. Please sign and date below to inform us of your decision.

I hereby waive my rights of access to the letter of recommendation prepared in response to this request.

I do not waive my rights of access to the letter of recommendation prepared in response to this request.

OR

Signature of Applicant Date

Signature of Applicant Date

Recommender:

The person whose name appears above is applying for admission to the Department of History at Michigan State University and has requested that your evaluation be part of the information upon which the admission decision will be based. The applicant, if admitted and enrolled, will have access to this recommendation unless the right to such access has been waived by the signed statement above.

We value the recommender's direct contact with the applicant and will appreciate your providing a letter with specific comments on the applicant's ability to conduct independent research, commitment to their trades and field, analytical abilities, and other exceptional traits in pursuing their graduate degree.

After signing this form please return with letter of recommendation to:

Department of History – Graduate Admissions
Michigan State University
301 Morrill Hall
East Lansing, MI 48824

Signature _____

Date _____

Print Name _____