DEPARTMENT OF POLITICAL SCIENCE

LETTER OF RECOMMENDATION FORM

UNLV
UNIVERSITY OF NEVADA LAS VEGAS

To be completed by the applicant
Please print or type

Applicant's Name _____

Applicant's Address _____

_____

Proposed program of study (Political Science **or** Ethics and Policy Studies) _____

Name of individual writing letter _____

☐ I waive the right provided by the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment) to view this letter of recommendation in my file at the University of Nevada, Las Vegas.

☐ I do not wish to waive this right. Rather I wish to retain the right to view this letter in my file at the University of Nevada, Las Vegas.

Signature of Applicant _____ Date _____

To writers of letters of recommendation,

This form is provided to you for your convenience. You may use it or your own stationery to submit this letter of recommendation. Please provide your candid evaluation of the applicant's preparation for graduate study in the space below. Use the reverse side if necessary. (Because the University of Nevada, Las Vegas, is in compliance with Section 504 of the Rehabilitation Act of 1973, we discourage direct or indirect reference to an applicant's disability.)

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Out of approximately _____ persons I have taught/advised at this educational level during the past _____ years, I would rank this applicant in the upper _____ percent on the basis of potential to achieve a graduate degree.

Signature _____ Date _____

Title/Position _____

Institution/Organization and address _____

_____

Phone # _____ Email _____

Note: Mail or fax form directly to the program. Do not send this form to the Graduate College.

University of Nevada, Las Vegas
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Las Vegas NV 89154-5029
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