

## Coversheet for Letter of Recommendation (Required)

Mail to: Summer Sessions, Hispanic Institute, University of California, Santa Barbara, CA 93106-2010

### THIS PART TO BE COMPLETED BY THE APPLICANT:

Be sure to inform your recommender of the application deadline of **April 1**.

Name \_\_\_\_\_ Quarter Summer  
Legal family name (surname)      First name      Middle Name

Proposed Department Summer Institute of Hispanic Languages & Culture Degree MA

I am applying for financial support: *please check the appropriate box:*  YES OR  NO

### THIS PART TO BE COMPLETED BY THE RECOMMENDER

The person named above is applying for admission to graduate study and may be applying for financial assistance to the University of California, Santa Barbara. We would appreciate your personal impressions of the candidate's intellectual ability aptitude in research and professional skill. Please comment on the applicant's character, quality of previous work, and promise of productive scholarship.

#### Recommender: Please attach this form to your letter of recommendation.

**Please rate this student in terms of overall promise and indicate the approximate size and level of the comparison:**

<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Somewhat Above Average	<input type="checkbox"/> Good
<input type="checkbox"/> Unusually Good	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Truly Exceptional	<input type="checkbox"/> Inadequate Opportunity to Observe

Recommender's Name (please print) \_\_\_\_\_

Position or Title \_\_\_\_\_ Institution or Company \_\_\_\_\_

Address \_\_\_\_\_

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

**Please mail this form with the letter of recommendation directly to the department to which the applicant is applying (given above). Do not send it to Graduate Admissions. Thank you for providing this information.**

### Waiver of Right of Access to Letters of Recommendation

Name \_\_\_\_\_  
                    Last                                      First                                      Middle

Proposed department/program Summer Institute of Hispanic Languages & Culture

Name of recommender \_\_\_\_\_

*The Family Educational Rights and Privacy Act of 1974 gives students (persons admitted and enrolled in the university) the right to inspect letters of recommendation written in support of an application for admission and financial assistance. In addition, the law permits students to expressly waive the right to inspect letters submitted on their behalf, although such a waiver must be voluntary and cannot be a condition of admission, award, or employment. I, the undersigned, understand that the information provided in this letter may be used by the university in deciding upon admission to graduate study and/or the award of a fellowship or assistantship. I have read and understand the regulation concerning Waiver of Access to Confidential Letters of Recommendation. Having read this information I choose one of the following:*

Check one:  I hereby waive any and all rights of access to this letter of recommendation

I do not agree to waive access to the letter of recommendation

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

**Departments** – Please remove this waiver slip from the letter of recommendation prior to evaluations and keep it separate until a final decision has been rendered. It should then be returned to the file.