

**SAN DIEGO STATE UNIVERSITY/
UNIVERSITY OF CALIFORNIA, SAN DIEGO**

Biology Joint Doctoral Program

Letter of Recommendation

THIS PART TO BE COMPLETED BY THE APPLICANT

NAME, as given on the application _____

Last (*Please print*) First Middle U.S. Social Security #

ADDRESS _____

Street City State Zip Code Country (if not U.S.)

EMAIL _____ PHONE _____

APPLICANT for the term beginning _____

Month Year Proposed Major Degree Objective

APPLICANT'S STATEMENT: I understand this letter of evaluation is to be received and maintained in confidence by SDSU for admission consideration for graduate status. I hereby expressly waive any and all rights I might have of access to this evaluation under the Family Education Rights and Privacy Act of 1974, the California Information practices Act of 1977, and any/or all other laws, regulations or policies. I understand that the rights I am waiving include, but are not limited to, the right to inspect and review this letter; the right to have a copy of this letter made for my use; the right to request an amendment of this letter.

___ I **agree** to waive access to this statement from (Name of Recommender)

___ I **do not agree** to waive access to this statement from (Name of Recommender)

SIGNATURE of Applicant _____ DATE _____

PLEASE MAIL OR GIVE THIS FORM TO YOUR RECOMMENDER.

RECOMMENDER - **PLEASE return to applicant in a sealed envelope.**

OR if necessary mail to: SDSU, Biology Joint Doctoral Program, 5500 Campanile Drive San Diego, CA 92182 -4614

THIS PART TO BE COMPLETED BY THE RECOMMENDER

TO THE RECOMMENDER: The above-named person is applying for admission to the SDSU/UCSD Biology Joint Doctoral Program. **Please discuss your personal impressions of the candidate's intellectual ability, ability in research, or professional skill and comment on his or her character, quality of previous work, and promise of productive scholarship.** Please continue on the back of this form or use a separate page.

HOW LONG HAVE YOU KNOW THIS APPLICANT? _____

IN WHAT RELATIONSHIP? _____

PLEASE RATE THIS APPLICANT IN OVERALL PROMISE. (*CHECK ONE BOX ONLY*)

___ Inadequate Opportunity to Observe ___ Below Average ___ Average ___ Somewhat Above Average ___ Good ___ Very Good ___ Outstanding ___ Truly Exceptional

Recommender's Name (*Please Print*) _____ Position Or Title _____

Address _____ Name Of Institution Or Business _____