**Letter of Recommendation Form**

***San Diego State University***

**Masters of Science Programs in the Department of Biology**

***This Part is to be Completed by the Applicant***

**Last Name:**       **First Name:**       **SDSU RedID #:**

 *(if known)*

**Address:**

*(Street, City, State, Zip, Country)*

**E-Mail Address:**       **Phone #:**

**Application term:** Fall

***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 to this evaluation under the Family Education Rights and Privacy Act of 1974, the California Informations 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:

**To Recommender:** The applicant named above is applying for admission to our graduate program. Your evaluation will be very helpful to us in our selection process.

***Please rate this student in overall promise in comparison with other***

***individuals whom you have known at similar stages in their careers.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Below Average** | **Average** | **Good** | **Outstanding** | **Superior** | **Unknown** |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**How long and in what capacity have you known this applicant?**

***On the next page***, please provide us with your personal impressions of the candidate's intellectual ability, potential for research, attributes relevant to completing a Masters program in Biology.

**Recommender's name:**

**Position or Title:**

**Institution:**

**Address:**

**City, State & Zip:**       **Phone:**

**Signature:**       **Date:**

**Comments regarding applicant** *(Text may be typed or pasted into the form field below)***:**

***Please email this form to:*** ***bio.ms.app@mail.sdsu.edu***

**Also, please included the applicants last name in both the subject heading and the file name of the attached letter of recommendation.**

***Thank you for providing this information.***

If you have any questions regarding this Recommendation Form and/or application process, please contact:

Dr. Tod W. Reeder (Graduate Advisor)

Department of Biology

San Diego State University

San Diego, CA 92182

Office: 619-594-6375

FAX: 619-594-5676

*twreeder@mail.sdsu.edu*