



Graduate Program in Neuroscience Recommendation Form

Please type or print.

Name of applicant (underline last name) _____

Applicant: Before giving this form to an instructor or other person acquainted with your qualifications, please check and sign below, in accordance with the Family Education Rights and Privacy Act of 1974.

_____ I waive my right of access to this letter of recommendation.

_____ I do not waive my right of access to this letter of recommendation.

Applicant's signature (underline last name)

Date

In what capacity have you known the applicant (colleague, student, teacher, other)? _____

_____ How long? _____

We would appreciate your candid opinion of the applicant's (1) academic preparation and professional qualifications, (2) motivation for graduate study, and (3) English proficiency. How would you rank the applicant in comparison with others you have known in similar capacities? **Letters of recommendation must be in English or accompanied by an English translation.** If you choose, you may mail the completed recommendation form to: Program in Neuroscience, University of Arizona, 1548 E. Drachman St., PO Box 210476, Tucson AZ 85721, U.S.A.

Name of recommender _____

Title _____ Institution _____

Address _____

Signature _____ Date _____