

BRYN MAWR COLLEGE
GRADUATE SCHOOL OF ARTS AND SCIENCES

LETTER OF RECOMMENDATION

To be filled in by the Applicant

| | |
|--|------------------------|
| _____ | _____ |
| Last Name | First Name |
| Department or Program to which you are applying _____ | |
| Under the Family Education Rights and Privacy Act of 1974, I () hereby waive, () do not waive my right to access to this letter of recommendation. | |
| Date: _____ | _____ |
| | Signature of Applicant |

To the Referee: Please provide your candid assessment of the qualifications of the applicant to pursue graduate-level study and research in the indicated field. We are especially interested in the following qualities: intellectual ability, level of knowledge in the intended field of study, command of requisite research skills (e.g., statistics, foreign languages), motivation, independence, originality, and ability to speak and write clearly in English. We appreciate the time it takes to make such assessments fairly and accurately. Please print your remarks on the reverse of this form or attach a statement on your own letterhead, and mail your assessment no later than January 2.

Name _____

Position _____

Address _____

Signature _____

Date _____

Mail your recommendation to:
Graduate School of Arts and Sciences
Bryn Mawr College
101 N. Merion Avenue
Bryn Mawr, PA 19010, U.S.A.