

BRYN MAWR COLLEGE
THE GRADUATE SCHOOL OF ARTS AND SCIENCES

LETTER OF RECOMMENDATION

To be filled in by the Applicant	
_____	_____
Last Name	First Name
Department 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: motivation, independence, originality, level of knowledge in the field of study, command of requisite research skills (e.g., statistics, foreign languages), and ability to speak and write clearly in English. Please type your remarks on the reverse of this form or attach a statement on your own letterhead. We appreciate the time it takes to make such assessments fairly and accurately. Please mail your assessment no later than January 3.

Name _____ Signature _____

Position _____ Date _____

Address _____

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