

# Letter of Recommendation

Please mail to: University of California, Berkeley  
Admissions Officer

Department of \_\_\_\_\_  
Berkeley, CA 94720

Name \_\_\_\_\_  
LEGAL FAMILY NAME (SURNAME) FIRST NAME MIDDLE NAME

Semester for which you are applying:  Fall 2010  Spring 2011 Proposed department: \_\_\_\_\_ Degree: \_\_\_\_\_

**Applicant: Inform your recommender of the application deadline for the department to which you are applying.**

This letter of recommendation, submitted in support of your admission to graduate study, will be kept confidential. The Family Education Rights and Privacy Act of 1974 and its amendments, and the California Information Practices Act of 1977 and its amendments, guarantee you access to educational records concerning yourself. You also are permitted by those laws to voluntarily waive that right of access.

I waive my right of access to this letter of recommendation from \_\_\_\_\_  
Name of recommender

I do not waive my right of access to this letter of recommendation from \_\_\_\_\_  
Name of recommender

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS PART TO BE COMPLETED BY THE RECOMMENDER**

**Recommender:** The person named above is applying for admission to graduate school and may be applying for financial assistance at the University of California, Berkeley. Please give your personal impressions of the applicant's intellectual ability, aptitude to conduct research in the field specified, capacity for analytical thinking, or professional skill. Comment on the applicant's character, the quality of previous work, and the promise of productive scholarship. *If applicable, include any known obstacles the applicant may have had to overcome to attain his/her educational goals (e.g., economic, social, cultural, educational, or other disadvantages).*

How long and in what capacity have you known the applicant? \_\_\_\_\_

**Please rate this applicant in overall promise (check one).**

Below average Lowest 50%	<input type="checkbox"/> 1	Average 51% to 70%	<input type="checkbox"/> 2	Somewhat above average 71% to 80%	<input type="checkbox"/> 3	Good 81% to 90%	<input type="checkbox"/> 4	Superior 91% to 95%	<input type="checkbox"/> 5	Outstanding 96% to 99%	<input type="checkbox"/> 6	Truly exceptional Top 1%	<input type="checkbox"/> 7	Inadequate opportunity to observe	<input type="checkbox"/>
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**Please complete, if applicable.**

Best student this year  Best student in five years  Best student in ten years  Best student in \_\_\_\_\_ years

Recommender's name (please print): \_\_\_\_\_

Position or title: \_\_\_\_\_ School or company: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail this form directly to the admissions officer of the proposed department noted at the top of the page. Do not send this form to Graduate Admissions. Thank you for providing this information.**