

Missouri School of Journalism

Graduate Studies Center
134 Neff Annex
Columbia, MO 65211-1200

Letter of Recommendation Form

To Be Completed by Applicant (Applicant: This form cannot be accepted by this office unless one of the boxes below is signed.)

Recommendation for: _____
Name of Applicant Date

All *rights of access* to this confidential statement conferred by the Family Educational Rights and Privacy Act of 1974 (P.L. 93-380) as amended, or otherwise, are hereby irrevocably and voluntarily *waived*.

Student Signature Date

I do **not** wish to waive my right of access.

Student Signature Date

To Be Completed by Author of Reference

Please provide your opinion of the applicant's potential. What makes this student special? Do you know of any reason why this person should not be admitted? Compare this applicant to any students you know who have attended graduate school in Journalism at Missouri. Please feel free to submit a personal letter if you prefer, and **attach** to this form or use the back of this sheet.

Signature

Date

Name (typed or legible printing)

Title

Institution

Address