

Department of English Florida Atlantic University 777 Glades Road Boca Raton, FL 33431

To the applicant: Complete the top portion of this form and forward it to your recommender. Indicate the date that your recommender should <u>return the form to you or the English Department</u>. If the recommender is returning the recommendation form to you in a sealed envelope, it is helpful to provide a self addressed, stamped envelope to that person. Be sure to include the **unopened** envelope(s) with your application material.

Return to applicant/department by	(month/day/year):		
Applicant Name (last, first)			
Intended program of study and degre	ee		
Name of recommender			
The Family Educational Privacy Act concerning them. Students are permindicates the wish of the applicant re	itted to waive their right of access t		
	ot waive my right to inspect the coright, you will not be allowed to inspe		
Applicant's signature			
Please check the appropriate box in of how long and in what capacity you for advanced studies in the field of assistance.	have known the applicant, as well	as address his/her academic ability a	nd aptitude
Highly Recommend	Recommend	Would Not Recommend	
Recommender Signature		Date	_
Position	Institution_		
Address			
E-mail	Fax	Phone	

Please seal your recommendation in an envelope, sign across the seal and mail to the applicant or to the department, as indicated in your instructions from the applicant. We appreciate your prompt reply.