

APPLICANT: Fill in your name and social security number before giving this form and an envelope addressed to the graduate office to the person recommending you.

FRANCIS MARION UNIVERSITY GRADUATE PROGRAM
POST OFFICE BOX 100547
FLORENCE, SC 29501-0547

LETTER OF RECOMMENDATION

You have been listed as a reference for _____
Name of Applicant Social Security Number

who is applying for the _____ degree. We would appreciate your filling out this form at your earliest convenience since we cannot review the applicant's record without it. Please type or print firmly and return to the applicant in a sealed envelope with your signature across the flap.

TO THE STUDENT: If you will allow this to be a confidential letter of reference, you must sign the waiver of access below.
WAIVER OF ACCESS: I the undersigned waive the right of personal access to the reference.
Signed: _____ Date: _____

- 1. How well do you know the applicant? How long and in what capacity?

- 2. Give your opinion of the applicant's qualification (i.e., intellectual ability, motivation, work habits) to do graduate work in his field. (Attach additional sheet if necessary.)

- 3. Additional remarks.

Signature _____ Date _____
Name _____ Title _____
Address _____

Francis Marion University offers equal opportunity in its employment, admissions, and educational activities, in compliance with Federal mandated civil rights legislation and corresponding State of South Carolina legislation.