TO THE APPLICANT: Complete and sign the following statement before giving this form to the person you have asked to write a letter of recommendation for you.

I (hereby waive) (do not waive) whatever rights I have to be shown this evaluation.

________________________________________________
Department/Program (to which you are applying) Applicant’s Name (print or type)
________________________________________________
Date Signature of Applicant

TO THE RECOMMENDER: Please provide an evaluation of the applicant’s qualifications for graduate study and send this form directly to the Director of Graduate Studies, Department/Program (to which the student is applying), The College of William and Mary, P.O. Box 8795, Williamsburg, VA 23187-8795, or return to student in a sealed envelope for submission with application packet. You may attach additional pages if necessary.

__________________________________________________
Name of Recommender (print or type) Name of Institution
__________________________________________________
Title of Recommender Address of Institution (City, State)
_______________________________________
Signature of Recommender Date Email Address