



OFFICE OF GRADUATE STUDIES and RESEARCH

INSTRUCTIONS FOR LETTER of RECOMMENDATION

Salisbury University graduate programs require letters of recommendation, typically satisfied by academic instructors or administrators and work related contacts. Be sure to check with your program of choice to learn how many letters are required. Below, you will find additional information regarding letters of recommendation:

For the Applicant

- Complete the Waiver of Access form (next page). It is your option to waive or retain your right to access this recommendation. Be aware that if you do not check “YES” to the waiver statement, many recommenders will not complete the recommendation. You must choose whether or not to waive your right to review the recommendation.
 - **If you check YES:** You will not be able to view the letters submitted on your behalf, even if you are admitted to and enroll at Salisbury University.
 - **If you check NO:** If you are admitted and enroll at Salisbury University, your letters will become part of your student record, and you will have the right to inspect that record (including your letters) after you enroll. Please note that you **ONLY** have this right if you enroll at Salisbury University. If you do not enroll, you do not have the right to view the letters of recommendation.
- Next, print the entire form and submit it to your recommender. Your recommender must complete the form and mail it to the Office of Graduate Studies and Research, Salisbury University, 1101 Camden Avenue, Salisbury, MD 21801.
- After your recommender submits the recommendation, it will become part of your application packet. Applicants are welcome to submit additional letters of recommendation, and any letter of recommendation included with the application will remain with the applicant’s file for review.
- Contact the Office of Graduate Studies and Research at graduateadmission@salisbury.edu if you have any questions.

For the Recommender

- The applicant should complete the Waiver of Access form below and send the form to you for completion. Please complete the "Recommender" sections of the form and mail the form to the Office of Graduate Studies and Research, Salisbury University, 1101 Camden Avenue, Salisbury, MD 21801. Under the federal Family Education Rights and Privacy Act of 1974, applicants are entitled to review their records.



OFFICE OF GRADUATE STUDIES and RESEARCH

WAIVER OF ACCESS TO LETTER OF RECOMMENDATION

APPLICANT INSTRUCTIONS:

Complete the applicant's section of the form, print it out, and send to your recommender. Ask your recommender to complete the form, attach their letter of recommendation, and mail it to the Office of Graduate Studies and Research, Salisbury University, 1101 Camden Avenue, Salisbury, MD 21801.

APPLICANT INFORMATION:

Last Name *: _____ First Name *: _____
Home Phone #: _____ Alternative Phone #: _____
E-mail *: _____ Degree Program: _____
Proposed Semester & Year: [] Fall [] Winter [] Spring [] Summer Year: _____

*Required Fields

To the applicant:

Under the federal Family Education Rights and Privacy Act of 1974, applicants are entitled to review letters of recommendation written in support of applications of admission. The law also permits applicants to waive that right if they choose; although such a waiver must be voluntary and cannot be a condition of admission, award, or employment.

If you wish to waive your right to examine the accompanying letter of recommendation, please sign the waiver below.

I expressly waive any rights that I might have to access to this letter of recommendation under the Family Educational Rights and Privacy Act of 1974, or any other law, regulation, or policy.

[] I waive my right [] I retain my right

Signature of Applicant: _____ Date: _____

*Do not sign unless you wish to waive your right to examine the accompanying letter of recommendation. Waiving your right is optional; however, regardless of whether or not you waive your right of access, the completed Waiver of Access form must be given to the person from whom you are requesting a recommendation.

Applicant Name: _____

FORM
LETTER OF RECOMMENDATION

RECOMMENDER INSTRUCTIONS:

We would appreciate your assessment of the applicant's potential for success in graduate study. The applicant must complete and sign the accompanying Waiver of Access form, which allows her or him to waive the right to review the letter of recommendation. Please note that if the applicant does not waive the right to review, she or he may request to review the recommendation once accepted to and enrolled in courses at the University.

RECOMMENDER INFORMATION

Last Name *: _____ First Name *: _____

E-mail *: _____ Title/Position/Relationship *: _____

Organization/Institution/Affiliation: _____

Phone # (10 digits): _____ Length of Acquaintance*: _____

In what capacity do you know the applicant? _____

**Required Fields*

RECOMMENDER EVALUATION

Please attach your letter of recommendation, preferably printed on institutional letterhead. In your letter of recommendation, we ask that you assess the applicant's potential as a graduate or doctoral student. In writing your assessment, please consider the applicant with regards to the topics listed in the summary evaluation below (autonomy and ability to work independently; communication skills-both oral and written; creativity; honesty and integrity; interpersonal skills; maturity; motivation; research abilities; potential to succeed in his or her studies, as well as career advancement; problem solving and analytical skills, professionalism, self-confidence; and self-discipline).

OVERALL CONSIDERATION

I consider this student/applicant's overall prospects for success as a graduate/doctoral student at Salisbury University to be:

Recommend without Reservation 5.0	4.5	4.0	3.5	Recommend with Reservation 3.0	2.5	2.0	1.5	Do Not Recommend 1.0

Applicant Name: _____

SUMMARY EVALUATION

Please rate this applicant's promise as a graduate student, in comparison with others of similar experience, by selecting the appropriate box for the categories listed below.

	Truly Exceptional	Excellent	Good	Average	Below Average	No Basis for Judgment
Autonomy/Ability to Work Independently						
Communication Skills (Oral)						
Communication Skills (Written)						
Creativity						
Honesty /Integrity						
Interpersonal Skills						
Maturity						
Motivation						
Research Abilities						
Potential Success in Program						
Potential for Career Advancement						
Problem Solving and Analytical Skills						
Professionalism						
Self-Confidence						
Self-Discipline						

SIGNATURE

Please sign below, and return both this waiver form and the accompanying letter of recommendation to:

Office of Graduate Studies and Research
Salisbury University
1101 Camden Avenue
Salisbury, MD 21801

SIGNATURE: _____

Date: _____