

UC LEADS RESEARCH PROGRAM: LETTER OF RECOMMENDATION
Deadline: Post-marked by January 31, 2008

This section to be completed by the student applicant.

Full Legal Name _____

Proposed Field of Graduate Study _____

(Optional) Waiver: I voluntarily wave all rights to review this letter of recommendation conferred by the Family Education Rights and Privacy Act of 1974. (The alternative selected will not affect consideration of the application for admission.)

Student Signature _____ Date _____

This section is to be completed by the recommender and returned directly to the UC LEADS Program office. Please write a letter of recommendation that addresses the following four questions and attach this form to the letter.

1. How long have you known the applicant and in what capacity?
2. Briefly describe your observations of the applicant's motivation for graduate study and/or commitment to the academic and professional goals of attaining a Ph.D.
3. What is your candid appraisal of the applicant's intellectual ability, aptitude in research, potential for doctoral study, and the quality of previous work?
4. Please list the areas in which you believe this applicant needs to develop in order to ensure his/her successful admission to an academic doctoral degree program.

Recommender's Name _____ Date _____

Position/Title (Faculty, Lecturer, etc.) _____

School/Other _____

Address _____

Signature _____

Please mail OR fax this form to:
UC LEADS Program
University of California, Berkeley
Stephens Hall, Room 230-B, Berkeley, CA 94720-5881
Fax: (510) 642-0199
Phone: (510) 643-8978

Thank you for your prompt response.