

RECOMMENDATION FORM

Instructions to the Applicant:

The form is used to help evaluate your potential in the Graduate Program. Complete the top portion of the form first. Provide an envelope and form to everyone you are asking for a recommendation. (Feel free to make extra copies of the form if needed). Once complete, the recommender should place the form and letter (if letter is desired) in an envelope, then seal and sign the flap. Sealed envelopes may be enclosed in the application package or sent separately to:

Portland State University
Conflict Resolution Program
P.O. Box 751
Portland, Oregon 97207-0751

Applicant's name _____

Applicant's Address _____

Recommendation requested for [check all that apply]

Graduate Admission Teaching Assistantship Research Assistantship

Release of access to the letter of recommendation

The applicant must complete and sign the following statement before giving the form to the recommender. The request is in compliance with Federal Law (Family Educational Rights and Privacy Act of 1974).

CHECK ONE BOX ONLY

I hereby voluntarily waive and relinquish any right of access to this letter

OR

I retain my rights of access to this confidential letter of recommendation

Applicant's signature _____

Date _____

