

RECOMMENDATION FOR GRADUATE STUDY

**Department of Psychology
The University of Iowa
11 Seashore Hall E
Iowa City, IA 52242-1407**

TO THE APPLICANT:

Three recommendations are required from professors who are familiar with your undergraduate study. Please fill out the section below before this form is given to the professors. As a courtesy to the recommender, you should enclose a stamped envelope addressed to the address below.

Name: _____
 Family Name First Name Middle Name

Should you be admitted to the University of Iowa, you would have the right as a student to review your record, including this recommendation form. However, it is your option to waive your right to review these recommendations or to decline to do so. Please indicate your choice below and sign your name.

_____ I do not waive my right to review this recommendation.

_____ I waive my right to review this recommendation.

Signature: _____

TO THE RECOMMENDER:

Please send us a letter evaluating the person named above, who is applying for admission at the University of Iowa. The Family Education Rights and Privacy Act of 1974 gives students the right to inspect their records, including letters of recommendation. Accordingly, unless this applicant waives the right of access by signing the above waiver, the applicant will be able to inspect this letter if admitted and enrolled. Please send your evaluation of the student, along with this form to:

**Department of Psychology
Attn: Graduate Admissions
The University of Iowa
11 Seashore Hall E
Iowa City, IA 52242-1407**