



HARVARD UNIVERSITY

Graduate School of Arts and Sciences

Return to: Harvard University Office of Admissions The Graduate School of Arts and Sciences P.O. Box 9129 Cambridge, MA 02238-9129

LETTER OF RECOMMENDATION

Deadline: December 15 for Health Policy and Natural Sciences programs except DEAS, or January 2 for Humanities, Social Sciences and DEAS.

(Refer to list provided on instruction pages 11 through 18 for appropriate deadline and circle your department's deadline above.) Select program number and name and subject name from list provided on instruction pages 11 through 18, also indicate the degree you are seeking.

Program number
Program name
Subject name/number
Degree

Application for Fall 2001

TO BE COMPLETED BY THE APPLICANT:

Full legal name
Please print and circle family name

Current mailing address:

To be read by applicant and recommender:

Under the Family Rights and Privacy Act of 1974, students enrolled at Harvard University have access to their admission records, including letters of recommendation. However, students may waive their right to see letters of recommendation, whereupon such letters will be held in confidence.

If you wish to waive your right to examine this letter of recommendation, please sign here:

Signature of applicant Date

TO BE COMPLETED BY THE RECOMMENDER:

- 1. The Graduate School will appreciate your evaluation... 2. Please rate the applicant in comparison with other students known to you who have applied for admission to graduate schools.

Table with 10 columns (1-9) and rows for Intellectual ability, Ability in: oral/written expression, Emotional maturity, Imagination and probable creativity, Potential as a teacher, Motivation for proposed program of study, Background for proposed program of study.

- 3. Please give the applicant's relative standing in your department... 4. How do you rate the applicant in overall ability and promise in comparison with other students at the same level of training?

5. If the applicant's native language is not English, please evaluate English proficiency. Recommender's name Title School/Company Department Mailing Address/e-mail address Daytime Telephone

Please sign this letter of recommendation, place in an envelope, sign across the seal, and return it to the applicant. The applicant is to return the unopened envelope with the application to the Admissions Office. Signature Date

Thank you for providing this information. Because we receive so many letters of recommendation within so short a period, we find it impossible to acknowledge each one of them.

You may answer part 1 on the reverse side or use a separate sheet of paper.