

Office Use Only: _____

Applicant Information To be completed by applicant

Family or Surname

First Name

Middle Name

Maiden Name (If Applicable)

Birth Date MM/DD/YYYY

Male Female

Email Address

Telephone Number

International Applicant

Graduate Program and Degree

Semester/Term and Year Applying

Right of Access To be completed by applicant

In accordance with the Family Educational Rights and Privacy Act of 1974, you may waive your right of access to your letter of recommendation. Waving your right of access to a letter of recommendation may allow your recommender to be more candid in their recommendation. Should you choose not to waive this right, permission to inspect your letter of recommendation will only be granted if you are enrolled for graduate study at the University of South Carolina. If you fail to make a selection, you will forfeit your right of access to this letter of recommendation.

I waive my right of access to this letter of recommendation

I do not waive my right of access to this letter of recommendation

Applicant Initials: _____ Date: _____

Recommender Information To Be Completed by the Recommender

Name

Title

Recommender Email Address

Recommender Telephone Number

Recommender Mailing Address

Recommender Signature

Date

Please send the completed copy of this form along with the written Recommendation to:

The Graduate School
901 Byrnes Building, Suite 304
Columbia, SC 29208