

REQUEST FOR LETTER OF RECOMMENDATION AND WAIVER FORM
MASTER'S PROGRAM IN ENGLISH
SAM HOUSTON STATE UNIVERSITY

TO BE COMPLETED BY THE APPLICANT (PLEASE TYPE OR PRINT):

Name of Applicant _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ E-Mail Address _____

Confidentiality Statement: Under the Family Education Rights and Privacy Act of 1974, an applicant academic program may waive the right to inspect individual letters of recommendation. If you sign the waiver, the attached letter will remain confidential; if you do not sign the waiver, you will retain the right to inspect the letter if you enroll in the English Graduate Program at Sam Houston State University. The University does not require that you sign the waiver for admission.

I hereby waive my right to review this recommendation:

Signature of Applicant _____ Date _____

TO BE COMPLETED BY THE RECOMMENDER (PLEASE TYPE OR PRINT):

Name of Recommender _____

Position _____

Institution or Organization _____

Street Address _____

City _____