



Waiver Form *(one form must be submitted with each letter/evaluation)*
and
Letter of Recommendation/Evaluation for Graduate Studies

Please send the completed form and respective letter evaluation to: *Director of Graduate Studies at the address noted below:*

TO BE COMPLETED and SIGNED BY APPLICANT:

Name: _____
(Last) (First) (Middle)

HOME ADDRESS: _____

PHONE NUMBERS: Home: _____ Cellular: _____ Other: _____

E-MAIL ADDRESS: Preferred _____

NAME OF RECOMMENDOR/EVALUATOR: _____

POSITION and ACADEMIC INSTITUTION: _____

I do: _____ I do not: _____ waive my rights to view the content of this letter/evaluation. **YOU MUST CHECK ONE.**

Signature of Applicant: _____ Date: _____

FOR THE RECOMMENDOR/EVALUATOR:

Please, in your letter of recommendation, evaluate this applicant’s potential as a graduate student in History. It would also be of assistance to the Admissions Committee to know the length of time and in what capacity you have known the candidate.

Thank you for your time and consideration.

Department of History
Florida International University
Modesto Maidique Campus – DM 397
Miami, FL 33199