



UNIVERSITY OF SOUTH FLORIDA

Letter of Recommendation Request Form

PHILOSOPHY DEPARTMENT

GRADUATE PROGRAM SPECIALIST

4202 E. Fowler Ave, FAO226, Tampa, FL 33620-7926

TEL: (813) 974-2447, FAX (813)974-5914

www.cas.usf.edu/philosophy/

PROSPECTIVE STUDENT INFORMATION

Instructions: Please complete all the prospective student information below. Please make additional copies of this form to each person from whom you are soliciting a letter of recommendation.

USF Graduate Program of Interest: _____

Legal Name: _____
Last Name First Name Middle Name

Street Address / Apt. # _____

City / State / Zip Code _____

Telephone Number (please include area code) Fax Number (please include area code) E-mail Address

Instructions: Prospective Student **must** check one of the following items.

- I waive the right provided by the Family Educational Rights & Privacy of 1974 (Buckley Amendment) to view this recommendation in my file at the University of South Florida.
- I do not wish to waive this right and shall retain the right to view this letter at the University of South Florida.

Prospective Student's Signature _____ Date _____

RECOMMENDER INFORMATION

Instructions:

1. Please attach this form to your letter.
2. Enclose in an envelope.
3. Seal and sign across the back of the envelope.
4. Return it to the prospective student or mail it directly to USF Graduate Program or the Graduate Admissions Office.

Name of Recommender (Please Print or type) _____