**1. Student** **Name:**

**2. I have read the Guidelines for recommendation letters available on the physics department web page.**

|  |
| --- |
| Initial here -  |

**3. University, College, or Program with mailing address:**

|  |
| --- |
|  |

**4. Program URL:**

|  |
| --- |
|  |

**5. Program Email:**

|  |
| --- |
|  |

**6. In your own words, describe in 25 words or less the program to which you are applying:**

|  |
| --- |
|  |

**7. Select one:**

|  |  |
| --- | --- |
|  | This letter is to be mailed. |
|  | This letter is to be emailed. |
|  | The recommendation form is online, and a link will be emailed. |
|  | I will pick up the recommendation. |

**8. Application Due Date:**

|  |
| --- |
|  |

**9. Waiver of Confidentiality**

Signing this section indicates that you have waived your right to review your letters of recommendation.

I hereby waive my right to review letters of recommendation. I understand that all letters of recommendation become the property of the faculty. I may revoke my consent to this release at any time with the understanding that it is not retroactive and does not apply to information that was previously obtained under my former consent.

**10. Signature:** **Date:**