

Recommendation form

Hubert H. Humphrey Institute of Public Affairs
University of Minnesota

APPLICANT

Please print or type your name and address in the space provided below. Forward one form, along with a self-addressed envelope, to your recommender. The recommendation should be returned to you in a sealed envelope and then mailed to us, along with your remaining application materials.

NAME

CURRENT ADDRESS

PHONE

Humphrey Institute degree for which you are applying

Circle one:

MPP

MURP

MS

MPA

Waiver statement: Family Education Rights and Privacy Act of 1974 (Buckley Amendment). Under the provisions of the Act, you have the right, after you are enrolled in an academic program, to review your educational records.

The Act further provides that you may waive your right to see recommendations for admission. Please indicate whether or not you wish to waive this right and sign your name.

I waive do not waive

any right to access that I may have to this recommendation form.

SIGNATURE

RECOMMENDER:

Your recommendation will be an important factor in the admission decision for this individual. We appreciate the time and attention you give to this important aspect of this individual's application for admission. Please comment on:

- the applicant's ability to pursue an advanced degree,
- his or her experience in or potential for public service and leadership,
- his or her motivation and purpose, and
- strengths and weaknesses that might affect the applicant's performance as a graduate student.

This recommendation should be written on letterhead, attached to this form, and mailed or given to the applicant in an envelope that you have sealed and signed across the back. The recommendation will be submitted unopened by the applicant with his or her application for admission. **Please keep in mind that the deadline for priority consideration for the MPP, MURP, and MS applications is January 5. The priority deadline for the MPA application is April 1. The applicant's file cannot be reviewed until your recommendation has been received.**

YOUR NAME

TITLE

ORGANIZATION AND ADDRESS

CAPACITY IN WHICH YOU KNOW APPLICANT

SIGNATURE

DATE

PLEASE WRITE YOUR EVALUATION OF THE CANDIDATE ON LETTERHEAD AND ATTACH IT TO THIS FORM.