

The University of Iowa
Department of Religious Studies
Recommendation for Graduate Admission

To be filled in by applicant (please type or print):

Name of applicant _____

Degree sought at the University of Iowa _____ Social Security Number _____

Federal law gives students the option to waive their right to see letters of recommendation written on their behalf. If the applicant signs the waiver below, the letter will be held confidential. If it is not signed, the applicant retains the right to see the letter.

WAIVER: In accordance with the Family Education Rights and Privacy Act of 1974, I waive my right to review this letter.

Signature _____ Date _____

TO THE APPLICANT: The University of Iowa requests this information for the purpose of evaluating your application for admission to the graduate program of the Department of Religious Studies. No persons outside the University are routinely provided this information, except for items of directory information such as name and local address. Letters of recommendation are required of all applicants for this program. If you fail to provide the required information, the University may be unable to act on your application for admission.

Please assess the qualifications of the above-named student to do graduate work in religion. Use the space below or an additional page if needed, and return to: Department of Religious Studies, University of Iowa, Iowa City, IA 52242.

Name _____

(please print)

Signature _____ Title _____

Street Address _____ Date _____

City _____ State _____ Zip Code _____