

Instructions: *Cross Campus transfer* applicants are required to submit one letter of recommendation using this form.
New transfer applicants are required to submit two letters of recommendation using this form.

NAME OF APPLICANT Name _____
FIRST MIDDLE LAST [FAMILY NAME]
Birthdate _____ Gender (M/F) Social Security # _____ U-M ID number (if known) _____
High School Name: _____ City _____ St. _____

NAME OF REFEREE Name _____
FIRST MIDDLE LAST [FAMILY NAME]
Title _____ Email _____
What subject(s) have you taught this student? _____

INSTRUCTIONS FOR THE APPLICANT Under the provisions of the Family Education Rights and Privacy Act of 1974, you [if admitted and enrolled] will have access to the information provided unless you have waived such access.

Please indicate your preference below and give this form, along with a pre-addressed envelope, to the referee.

I hereby waive my right of access to this recommendation _____ / ____ / ____
SIGNATURE MONTH DAY YEAR
 I DO NOT waive my right of access to this recommendation _____ / ____ / ____
SIGNATURE MONTH DAY YEAR

INSTRUCTIONS FOR THE REFEREE Please provide candid evaluations and relevant information concerning the applicant. Your assistance is sincerely appreciated. Upon completion, please attach your word document (on letterhead) to this form and mail directly to:

Attention: Office of Undergraduate Admissions
515 E. Jefferson St.
1220 Student Activities Building
Ann Arbor, MI 48109-1316

How long have you known the applicant and in what capacity?

What do you consider to be the strengths of the applicant?

What characteristics of the applicant do you feel are in need of improvement?

