



Sam Houston State University

Letter of Recommendation Form

INSTRUCTIONS TO APPLICANT: Sign the statement below, indicating whether you waive your right of access to letters submitted on your behalf. Provide the signed form to persons who will write letters on your behalf and have them include this form with their recommendation letter. **The deadline for your application is February 15th.** The application and all required materials must be received by this date or your application will be considered incomplete.

***One copy of this form is required per letter.**

INSTRUCTIONS TO REFEREE: Please describe the applicant's strengths and weaknesses relative to academic potential, research potential, and clinical potential (if applicable) at the graduate level. Include those features you believe will contribute to the applicant's success in the program as well as those features which might impede the applicant's success. Feel free to use your own letterhead. Forward your letter and this form to:

Sam Houston State University
Office of Graduate Studies
Box 2478
Huntsville, TX 77341-2478

I do ____ (or) do not ____ waive my right of access to letters of recommendation written about me.
(Check one only.)

Signature of Applicant _____ Date _____