

List of Recommendation Requests

STUDENT' S NAME _____ PHONE _____

CAMPUS ADDRESS _____ MAJOR _____

HOME ADDRESS _____ DATE _____

List below all faculty members who will be writing recommendations and return this form to the Undergraduate English Majors Office in 7195 Helen C. White, Madison, WI 53706. Recommenders may send letters to this office, and we will mail them to the schools and programs as you request; they may also choose to send letters independently.

Received

Name: _____

Department: _____

Name: _____

Department: _____

Name: _____

Department: _____

Name: _____

Department: _____

Waiver Statement

NOTE TO STUDENT: Increasingly, graduate schools are requiring their applicants to waive the right to read letters of recommendation. We therefore urge you to sign this waiver form.

I hereby waive my right under the Family Education Rights and Privacy Act of 1974, as amended, to inspect and review these letters of recommendation. I certify that this waiver is given voluntarily by me.

Student's signature _____ Date _____