



UNIVERSITY OF SOUTH FLORIDA

Letter of Recommendation Request Form

PHILOSOPHY DEPARTMENT

GRADUATE PROGRAM SPECIALIST

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PROSPECTIVE STUDENT INFORMATION

Instructions: Please complete all the prospective student information below. Please make additional copies of this form to each person from whom you are soliciting a letter of recommendation.

USF Graduate Program of Interest: _____

Legal Name: _____
Last Name First Name Middle Name

Street Address / Apt. # _____

City / State / Zip Code _____

Telephone Number (please include area code) Fax Number (please include area code) E-mail Address

Instructions: Prospective Student **must** check one of the following items.

- I waive the right provided by the Family Educational Rights & Privacy of 1974 (Buckley Amendment) to view this recommendation in my file at the University of South Florida.
- I do not wish to waive this right and shall retain the right to view this letter at the University of South Florida.

Prospective Student's Signature _____ Date _____

RECOMMENDER INFORMATION

Instructions:

1. Please attach this form to your letter.
2. Enclose in an envelope.
3. Seal and sign across the back of the envelope.

Name of Recommender (Please Print or type) _____