

SCHOLARSHIP APPLICATION RECOMMENDATION FORM



Section A: TO THE APPLICANT

Please print. Respond to every question.

Complete and sign this section before forwarding it to a person with whom you do not have a personal relationship (e.g., relative, spouse, partner, close friend).

Applicant's name (last) (first) (middle)

Under provisions of Public Law 93-380, the Family Educational Rights and Privacy Act of 1974, and under University guidelines pursuant to that Act, a student (defined as any person who has been officially admitted and registered at the University of Washington) has the right to review recommendations made in his or her behalf unless the student waives this right at the time the recommendation is solicited. The signature below is optional; however, the applicant should check with the recommender to ensure that s/he is willing to submit this form without the guarantee of confidentiality.

I hereby waive any and all rights to inspect and review this recommendation, and I give my permission for this reference to remain confidential between the University of Washington Tacoma and the recommender.

Applicant Signature _____ Date _____

Section B: TO THE RECOMMENDER

Please print. Complete every question.

The applicant indicated above is required to submit a recommendation from an instructor, supervisor, or other person with whom s/he does not have a personal relationship (e.g., relative, spouse, partner, close friend) as part of his/her application to the Institute of Technology at the University of Washington Tacoma. **Complete Section B, responding specifically to each question.** Place the completed form in a sealed envelope and return to the applicant or mail directly to the address below. **Important note:** applicants are required to submit the application and all supplemental materials, including recommendations, six weeks before the quarter starts. Late applications will not be reviewed.

Recommender's name (last) (first) (middle)

Company or agency Position or title

Daytime telephone number Email address

Relationship to applicant:

☐ Instructor ☐ Supervisor ☐ Employer ☐ Other (specify)

How long have you known the applicant? _____ Months _____ Years

[illegible]

Please check the statement that most accurately describes your recommendation based on the applicant's potential to be successful at the Institute of Technology:

☐ Highly recommend ☐ Recommend ☐ Recommend with reservation ☐ Do not recommend

Recommender's signature _____ Date _____

RETURN TO: UW Tacoma Institute of Technology, 1900 Commerce Street, Box 358426, Tacoma, WA 98402