

Graduate Study Recommendation Form – Master of Fine Arts in Art

To the applicant: Fill in your name and proposed field of study. Please request three of your former or current instructors and/or those able to recommend you on the basis of professional design experience to submit recommendations on this form.

Applicant's Last Name _____ First Name _____ Middle Initial _____

Proposed field of graduate study _____

The Family Education and Privacy Act of 1974 makes this statement available for the applicant's inspection. The applicant is permitted by law to waive their right to see letters of recommendation. The applicant's signature below constitutes a waiver of any and all rights of access to this document. No signature means that the applicant may have access to this statement.

Signature _____ Date _____

Recommendation: In the space below please comment on your assessment of the applicant's aptitude for graduate study. The student's creative promise, leadership, intellectual capacity, maturity and dependability are some of the factors you may wish to include in your comments. If additional space is required you may attach an additional page. As this recommendation is a required part of this student's application, your prompt response and mailing to the following address is appreciated: **Graduate Application Processing Center, Graduate School, The University of Kansas, 1450 Jayhawk Blvd., Room 300, Lawrence, KS 66045-7535, Office Staffing, Attn: Art Dept.**

Reference Name _____
Position or Title _____
Date _____
Address of College/University/Company _____
Reference Signature _____

