

KANSAS STATE UNIVERSITY  
Department of History

FORM FOR LETTER OF RECOMMENDATION

Name of Applicant \_\_\_\_\_ Applying for \_\_\_\_\_ degree

I waive my right of access to this letter of reference \_\_\_\_\_  
(Applicant's signature)

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Please write a letter of recommendation for the applicant named above.  
You are welcome to write on your own letterhead or separate sheet(s) of paper, but please be sure to attach this form.  
In your letter, discuss potential for graduate studies, intelligence, capacity for improvement, dedication, skills, etc.  
Unless the applicant specifically waives right of access by signing above, this letter cannot be held in confidence.  
Please send this letter directly to:  
Graduate Program, Department of History, Kansas State University, 117D Calvin Hall, Manhattan KS 66506-1002.

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Typed Name \_\_\_\_\_ Signature \_\_\_\_\_

Title and Address \_\_\_\_\_ Date \_\_\_\_\_