

Georgia State University

Letter of Recommendation for Admission to Masters Work in Religious Studies

To be completed by the applicant:

Applicant's name: _____
Last First Middle

Social Security number: _____

Under provisions of the Family Educational Rights and Privacy Act of 1974, you may decide whether letters of reference written at your request are to be held confidential or whether they are to be available for your personal inspection. Check one of the following statements and place your signature in the space provided so the referee will be advised of your choice.

Confidential file: I grant permission for this letter of recommendation to be held confidential by Georgia State University.

Open file: I retain the choice of having letters of reference available to me.

Signature of Applicant

To be completed by the referee:

Please note that while the applicant may have waived his/her right of access under the Family Educational Rights and Privacy Act, in some circumstances this recommendation form may be subject to disclosure under the provisions of the Georgia Open Act.

I. Knowledge of the Applicant:

Approximately how long have you known the applicant? _____

How well do you know the applicant? Casually ____ Well ____ Very Well ____

What was the nature of your contact with the applicant?

Teacher ____ Research Advisor ____ Major Advisor ____ Employer ____

Other (specify) _____

