

Graduate Fellowships Letter of Recommendation Cover Form

Applicant: Complete this section only. Type or print legibly all information requested. Then give this form and an envelope to the person who has agreed to write your letter of recommendation. The recommender should return an **original & 2 copies** of the completed form and the letter of recommendation to you in a sealed envelope for inclusion with other application materials.

Check one: Competitive Edge UC DIGSSS Privately Endowed Fellowship Grad Research Mentorship Grad Summer Rsch Mentorship Dissertation Year Fellowship

Applicant's Name _____ Student ID # _____
last, first, middle

Address _____
Street City State Zip Code

Student Affairs Officer _____ Major Dept. _____

Applicant Statement: *I understand this letter of evaluation is to be received and maintained in confidence by the University of California, Los Angeles, for fellowship consideration. I hereby expressly waive any and all rights I might have to access this evaluation under the Family Education Rights and Privacy Act of 1974, the California Information Practices Act of 1977, and any or all other laws, regulations or policies. I understand that the rights I am waiving include, but are not limited to, the right to inspect and review this letter; the right to have a copy of this letter made for my use; and the right to request an amendment of this letter.*

I agree to waive access to this statement from (Name of Recommender) _____

I **do not** agree to waive access to this statement from (Name of Recommender) _____

Applicant's Signature _____ Date _____

Recommender: Please complete the following (both pages) and return **an original & 2 copies of this form and of your letter of recommendation (on official letterhead)** to the applicant in a *sealed* envelope with your signature across the back flap.

In the letter, please describe the circumstances under which you have come to know about the applicant's academic potential. You may wish to discuss the applicant's unique academic strengths, scholarly publications, success in meeting degree-progress timelines, professional accomplishments and career goals after receiving the degree.

For the Graduate Research Mentorship (GRM) or the Graduate Summer Research Mentorship (GSRM), please also discuss the mentoring activities that will take place during the tenure of the award as well as the project (GRM) or paper (GSRM) that will be completed. Please note that for the GRM & GSRM, faculty mentors are expected to be in the same locale during the tenure of the award.

1. I have known the applicant for a period of _____ years and/or _____ months.
2. I have known the applicant as (check all that apply):
 an undergraduate a graduate student a teaching assistant a research assistant other (specify) _____
3. I have served as the applicant's (check all that apply):
 academic advisor department chair teacher in only one class teacher in several classes other (specify) _____
4. **For GRM & GSRM applicants only:** I will meet with the applicant during the tenure of the award:
 once per week twice per week more than twice per week less than once per week (please explain) _____

5. Please characterize the degree progress of the applicant compared to others in the same program by placing an "X" in one of the boxes.

- Ahead of average (Projected time-to-degree is one year or more ahead of about 70% of those in program)
- Average (Projected time-to-degree is the same as about 70% in program)
- Longer than average (Projected time-to-degree will extend for one year or longer than about 70% in program)
- Applicant is a first-year student; unable to gauge

6. Please indicate the strength of your **overall endorsement** of this applicant by placing an "X" on one of the lines.

Truly Exceptional (Top 1%)	Excellent (Top 5%)	Very Good (Top 10%)	Good (Top 25%)	Average (Top 50%)	Below Average (Lower 50%)
_____	_____	_____	_____	_____	_____
1	2	3	4	5	6

7. **For Dissertation Year Fellowship applicants only:** Degree Completion: Based on your judgment, please indicate the likelihood this applicant will complete the dissertation within the award year by placing an "X" on one of the lines.

Absolutely Certain (100%)	Almost Certain (80%+)	Strong Possibility (60%+)	Possible but Not Likely (40%+)	Not Very Likely (0%-39%)
_____	_____	_____	_____	_____
1	2	3	4	5

Recommender's Signature _____ UCLA University ID * _____

Recommender's Name (print) _____ Position or Title _____

UCLA Campus Address _____ UCLA 6 Digit Mailcode _____

Department _____

Date _____ Phone _____ E-mail Address _____

* This information is required for the Graduate Summer Research Mentorship Program to assign 596 course credit.

Please return **an original and 2 copies of this form and of your letter of recommendation (on official letterhead)** to the applicant in a *sealed* envelope with your signature across the back flap.