



Undergraduate Admissions
 UCLA Department of Ethnomusicology
 Box 951657
 Los Angeles, CA 90095-1657

LETTER OF RECOMMENDATION FORM

Applicant completes this section:

Name: Last _____ First _____ Middle _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

I understand this letter of evaluation is to be received and maintained in confidence by the University of California, Los Angeles, for admission consideration for undergraduate study. I hereby expressly waive any and all rights I might have of access to 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; the right to request an amendment of this letter.

Waive Access Signature: _____ Date: _____

Recommender completes this section: Your candid estimate of the applicant’s academic performance, musical ability, intellectual promise and personal qualities will assist the Admissions Committee in evaluating the application.

How long have you known this applicant? _____

In what capacity? _____

RECOMMENDER’S NAME _____ POSITION OR TITLE _____

NAME OF INSTITUTION OR BUSINESS _____ ADDRESS _____

PHONE _____ EMAIL _____ SIGNATURE _____ DATE _____

Please assess the applicant’s academic and musical ability. Specific illustrations are especially helpful. Please attach your letter of recommendation to this completed document.

Please mail to address listed above or return to applicant in a sealed envelope.