THE UNIVERSITY OF MEMPHIS®

Museum Studies Program
142 Communication & Fine Arts
Memphis, TN 38152-3200

RECOMMENDATION FORM
GRADUATE CERTIFICATE PROGRAM IN MUSEUM STUDIES

Application Deadline for Fall Semester 2012: April 9, 2012

A. To the Applicant: Complete the information below and give one of these forms to each of the three recommenders you select, along with an envelope which you provide marked "Evaluation Letter" and your name. *The recommender should return the letter to you in the envelope you provide and put his/her signature across the sealed flap. Include the letter in a single packet with other application materials you are submitting.*

_____

(Last/Family Name) (First) (Middle)

In accordance with the provisions of the Federal Education and Privacy Act of 1974, enrolled students have the right to see their letters of recommendation unless they have specifically waived that right. Waiver is NOT required as a condition of admission.

☐ I waive my right of access to this recommendation.

☐ I do not waive my right of access to this recommendation.

B. To the Recommender: The person named above is applying for admission to the Graduate Certificate Program in Museum Studies at The University of Memphis. We would appreciate a candid evaluation of the applicant's qualifications, potential, and motivation to study at the graduate level. Please compare this applicant with others whom you have recommended for graduate programs in similar fields. Tell us how long and under what circumstances you have known the applicant. Please attach your letter to this form and return them to the applicant in the envelope he or she provides to you. Your signature should be written across the sealed flap of the envelope. Thank you.

SUMMARY EVALUATION

Comparing the student with a representative group of students in the same general area of study who have had approximately the same amount of training, how would you rate the student in general, all-around ACADEMIC ABILITY and promise for MUSEUM WORK. (please circle one)

Below average Average Good Outstanding Exceptional Unable to answer

Name of Recommender _____
Title/Position _____
Institution _____
Address _____

_____

(Signature) (Date)