

MASTER OF ARTS DEGREE IN ART HISTORY

UNIVERSITY OF ST. THOMAS – ART HISTORY DEPARTMENT

Letter of Recommendation

TO THE APPLICANT

Complete this section and give this form to a person who can comment on your qualifications for graduate study.

NOTE: Be sure to check the appropriate application deadline in the "To The Recommender" section below.

Applicant's name _____ E-mail address _____

Name of your recommender: _____

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

Applicant's signature

TO THE RECOMMENDER

This form is submitted to you for an opinion of the applicant's qualifications for graduate work. Please submit a one-page letter along with this form, giving as full an opinion as you are able highlighting the skills and aptitudes of the applicant. Rank this candidate in comparison to other students you have known who have gone on to graduate school over the past few years.

To be considered a part of the candidate's application, your letter and the completed form should be mailed to the address below by Nov. 1 or March 1. Please accept our sincere thanks for your help.

Signature _____ Date _____

Name (printed) _____

Title _____

Institution _____

Address _____

City _____ State _____ ZIP _____

SEND ALL MATERIALS TO:

Art History Department
Graduate Office
University of St. Thomas
2115 Summit Avenue
Mail 57P
St. Paul, MN 55105-1096

Telephone: (651) 962-5640

Web: www.stthomas.edu/arhistory/graduate

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