

# Master of Arts in English

## Letter of Recommendation

### To the Applicant

Give this form to a person who can comment on your qualifications for graduate study.

Name of the person who will complete this form: \_\_\_\_\_

Applicant's name: \_\_\_\_\_

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

Applicant's signature: \_\_\_\_\_

### To the Sponsor

This form is submitted to you for an opinion of the applicant's qualifications for graduate work. We will be grateful for as full an opinion as you are able to give; please rank this candidate in comparison to other students you have known who have gone on to graduate school in the past few years.

To be considered a part of the candidate's application, please send your letter **along with this form** to the below address before the application deadline (March 1 for summer/fall admission and Oct. 1 for spring admission). Please accept our sincere thanks for your help.

### Send all Materials to:

University of St. Thomas  
Graduate Program in English  
Mail JRC 333  
2115 Summit Avenue  
St. Paul, MN 55105-1096

Telephone: (651) 962-5628

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_