INSTRUCTIONS FOR LETTERS OF RECOMMENDATION

Both you and your recommender complete sections of the following form. For you, it serves as an official waiver; for your recommenders, it provides instructions and deadlines and serves as an official form for signature and contact information.

The Letter of Recommendation form below can be printed, signed, and sent to each recommender—either by regular mail or scanned and attached to an email. Your recommenders should include the completed form with their letter, sent to the address below. Recommender materials may also be submitted electronically to gradenglish@stthomas.edu. For electronic submission, it is preferred that letters be on agency letterhead, where appropriate, and signed.

University of St. Thomas
Graduate Admissions Office, Box 5
1000 LaSalle Avenue
Minneapolis, MN 55403
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; where appropriate, 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 address below before the application deadline (March 1 for summer/fall admission; October 1 for spring admission). Please accept our sincere thanks for your help.

Send all materials to:
University of St. Thomas
Graduate Admissions Office, Box 5
1000 LaSalle Avenue
Minneapolis, MN 55403

Questions? Please contact us at gradadmissions@stthomas.edu.

Signature: ______________________________ Date: ______________

Name (printed): ______________________________

Title: ______________________________

Institution: ______________________________

Address: ______________________________