Cinema-Television-Arts Department
Graduate Program
Letter of Recommendation

THIS PART TO BE COMPLETED BY APPLICANT

Name:_____
last name first name middle name

Applicant for the semester beginning:_____

Applicant's Statement: I understand this letter of evaluation is to be received and maintained in confidence at California State University at Northridge, for admission consideration for graduate status. 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 rights 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.

I agree to waive access to this statement form:_____ I do not agree to waive access to this statement form:_____

Date:_____ _____
Signature of Applicant

PLEASE MAIL OR GIVE THIS FORM TO YOUR RECOMMENDER

FOR DEPARTMENTAL USE ONLY. TO BE DETACHED BEFORE SUBMISSION TO ADMISSION COMMITTEE

THIS PART TO BE COMPLETED BY RECOMMENDER

To the Recommender: Mr/Mrs_____ is applying for admission and may be applying for financial assistance at CSUN. What are your personal impressions of the candidate's intellectual ability, ability in research, or professional skill? Please comment on his or her character, quality of previous work, and promise of productive scholarship.

How long have you known this applicant?_____ In what relationship?_____

Recommender's name (Please print):_____ Address:_____

Position or title:_____ Signature:_____ Date:_____

PLEASE MAIL DIRECTLY TO:
GRADUATE ADVISOR, CTVA DEPARTMENT, 18111 NORDHOFF ST., NORTHRIDGE, CA 91330-8317