

PHI KAPPA PHI

LETTER OF RECOMMENDATION REQUEST FORM

THIS SECTION TO BE COMPLETED BY THE APPLICANT

Name of Applicant _____

Recommendation Requested of _____

I hereby waive my rights of access to this confidential evaluation report, as provided in the Family Educational Rights and Privacy Act of 1974. *(optional)*

Applicant's Signature

Date

*Applicant signature required only if letter will remain confidential and be submitted directly to Kelli Partin at kpartin@phikappaphi.org

PROVIDING A LETTER OF RECOMMENDATION

The individual named above has identified you as someone who knows and can evaluate his or her qualifications for a Phi Kappa Phi Study Abroad Grant.

I have known the applicant for a period of _____ years and/or _____ months.

I have served as the applicant's:

<input type="radio"/> teacher in one class	<input type="radio"/> teacher in several classes	<input type="radio"/> department chair
<input type="radio"/> academic advisor	<input type="radio"/> other (please explain): _____	

Among approximately _____ undergraduate students I have known in this field over the past _____ year(s),

I would rank this applicant in the upper _____%.

In no more than **350** words, please indicate your impressions of the applicant's (1) academic ability and achievements and (2) character and personality attributes. Provide the **typed** letter of recommendation on your letterhead. Please complete this form and include it with your letter.

Return both documents to the applicant so they may upload them during the application process.

Or, if you prefer your letter to remain confidential, please email both documents to Kelli Partin at kpartin@phikappaphi.org

Signed _____ Title _____ Date _____