

Ph.D. in Information Management and Systems Letter of Recommendation Fall 2020

Name of Applicant (Last Name, First Name):					
Applicant ID Number:					
Applicant: Inform your recommender of the application deadline for the department to which you are applying. This letter of recommendation, submitted in support of your admission to graduate study, will be kept confidential. The Family Education Rights and Privacy Act of 1974 and its amendments, and the California Information Practices Act of 1977 and its amendments, guarantee you access to educational records concerning yourself. You also are permitted by those laws to voluntarily waive that right of access.					
I waive my right of a I do not waive my rig					
Signature:	re: Date:				
The f	ollowing section	n is to be comp	eted by the Rec	ommender.	
	dmission to the U rovide specific of	niversity of Califers wher the contract of the	ornia, Berkeley. V ever possible. W	Ve encourage you to be completely e greatly appreciate the time and	
After you complete this form you will not be able to make		and confirm you	r responses. Hov	vever, once the form is submitted,	
Please provide your respo				and attach this coversheet. The	
	School of Information Admissions University of California, Berkeley 102 South Hall # 4600 Berkeley, CA 94720-4600				
Recommender's Name:					
Position or Title:	School or Company:				
Email:					
Signature:		Date:			
How long have you known th Less than 1 year	nis candidate? 1-2 years	3-5 years	6-10 years	More than 10 years	
Please assess the candidate Truly exceptional (To Outstanding (96-99% Superior (91-95%) Good (81-90%) Somewhat above av Average (51-70%) Below average (<50 Insufficient opportun	op 1%) %) rerage (71-80%)	al for graduate s	tudy, compared to	o his/her peers.	