OSU

Letter of Recommendation
Graduate Study in Mathematics
Oklahoma State University

Applicant's Waiver

I, ____________________________, waive my right to inspect the attached letter of recommendation.

Signature ____________________________ Date ______________

To the respondent:

____________________________ is applying for admission to the _______ program of the Department of Mathematics, Oklahoma State University, and has requested a letter of recommendation from you. Letters of recommendation become part of the applicant's file and may be made available to the applicant unless the applicant has specifically waived that right by completing and signing the waiver above.

Please describe below how well you know the individual named above and what potential they have for success in graduate work in mathematics. If possible compare this student with other students you have known who have successfully completed graduate studies. You may write your comments on this form or attach a letter to it. Complete the information at the bottom of this form and return to: Director of the Graduate Program, Oklahoma State University, Department of Mathematics, 401 Math Science, Stillwater, OK 74078-1058.

Name ________________________ Signature ____________________________ Date ______________

Position ___________________________________ Institution ___________________________________