

STETSON UNIVERSITY
PHYSICS DEPARTMENT

CONSENT FOR LETTERS OF RECOMMENDATION

I have asked the following faculty to provide recommendations for applications I am submitting for graduate programs, professional schools, scholarships, internships, or employment opportunities during the _____ academic year and the following summer.

Please list the names of all faculty who will be providing letters of recommendation below:

By signing this form, I consent to them discussing my academic records in letters, emails and phone conversations associated with recommendations for those applications. Items that may be discussed include but are not limited to: grades in specific courses, cumulative GPA and GPA in the major, evaluation of performance in the laboratory, evaluation of writing and speaking skills, and ability to work with others.

Please check one of the boxes below. Be aware that waiving your right to see letters of recommendation is generally preferred by most programs, and faculty may decline to provide recommendations if you choose not to waive your right to see them.

- I waive my right to see faculty recommendations.
 I do not waive my right to see faculty recommendations.

PRINT NAME

Signature

date

For Department Use:

Date Received: _____