

HENRY SAMUELI SCHOOL OF ENGINEERING AND APPLIED SCIENCE

Computer Science Department

Graduate Student Affairs Office 4403 Boelter Hall Los Angeles, CA 90095

Transfer from MS Program to PhD Program: Letter of Recommendation Form

TO BE COMPLETED BY APPLICANT:	Student name:		UID:	
Form waiver for students requiring refer	ences. Read and sign other	side of page: Waived	☐ NOT Waived	
Expected MS completion term:		Proposed PhD major field	:	
TO BE COMPLETED BY	RECOMMENDER AND RETUR	RNED TO CS GRADUATE STUD	DENT AFFAIRS OFFICE:	
Estimated rank of candida among CS graduate stude	Prenaration	Demonstrated Ability	Promise	
Top 5% 20% 50% 90% Please indicate your current opinion on s	Exceptional Good Average Poor Unable to judge	Exceptional Good Average Poor Unable to judge	☐ Exceptional ☐ Good ☐ Average ☐ Poor ☐ Unable to judge	
	Strongly Positive Positiv	e Neutral Negativ	ve Not Applicable	
PhD Research Advisor				
Faculty Admission Recommendation:	STRONGLY RECOMME RECOMMEND	ND RECOMMEND	WITH RESERVATIONS MMEND	
Faculty name (print)	Faculty signat	ure	Date	

FORM WAIVER FOR STUDENTS REQUESTING REFERENCES

In order to obtain candid evaluations of a student, it is desirable that letters of recommendation be written and maintained in confidence. While non-confidential letters will be received and carefully considered, confidential letters may have more utility in the assessment of the student's qualifications and abilities. Therefore, students are invited, but not required, to sign the following waiver:

"I understand that this letter of recommendation concerning me is to be written and maintained in confidence, and I expressly waive any rights I might have to access this letter under the Family Educational Rights and Privacy Act of 1974, or any other law, regulation or policy."			
Student name (printed):			
Student signature:	Date:		
"I <u>do not</u> agree to this waiver."			
Student name (printed):			
Student signature	Nate:		