



The Bancroft Library
UNIVERSITY OF CALIFORNIA BERKELEY, CALIFORNIA 94720-6000

Fellowship Program

Cover Letter Form

Must be submitted by Recommender

Name of Applicant: _____
Last
First
Middle

Important: Specify the exact department or group accurately (not area or emphasis) / Non-applicable for Independent Scholars

Graduate Department or Group: _____

Campus: _____

TO THE APPLICANT: *The Family Educational Rights and Privacy Act of 1974 gives students the right to inspect letters of recommendation written in support of applications for admission, fellowship, or academic employment. The law also permits students to waive that right if they choose, although such a waiver must be voluntary and cannot be a condition of admission, award, or employment. If you wish to waive your right to examine this letter of recommendation, please sign below.*

Signature of Applicant

Date

TO THE RECOMMENDER: The person named above is applying for The Bancroft Library Fellowship Program at Berkeley. What are your personal impressions of the applicant's intellectual ability, ability in research, and professional skills? Please comment on the applicant's character, quality of previous work, and promise of productive scholarship. You may comment on the back of this form, or you may attach a letter to this sheet.

Please rate this applicant in overall promise. Circle one:

Below Average Average Good Outstanding Truly Exceptional

Please complete, if applicable:

Best Student this year Best student in five years Best student in 10 years Best student in ____ years

Signature

Date

Recommender's name: _____

Position or title: _____

Address: _____

Please mail this form to The Bancroft Library, Fellowship Program, University of California, Berkeley, CA 94720-6000 by the first Monday in February.