

Special Student/Visiting Fellow Office
The Graduate School of Arts & Sciences
Harvard University
Byerly Hall 3rd Floor
8 Garden Street
Cambridge, Massachusetts 02138
(617) 495-5392
FAX: (617) 495-2928
E-mail: special@fas.harvard.edu

**Letter of Recommendation
Visiting Fellow Status**

To be completed by the applicant:

Full legal name: _____
Please circle family name

Academic year for which you are applying: _____ Full academic year Fall term only Spring term only

Under the Family Rights and Privacy Act of 1974, students enrolled at Harvard University have access to their admission records, including letters of recommendation. However, students may waive their right to see letters of recommendation, whereupon such letters will be held in confidence. If the applicant has not signed a waiver, it is assumed that this letter is submitted with the recommender's understanding that the applicant, once registered at Harvard, may request to see the letter. The alternative selected will not affect consideration of the application for admission.

If you wish to waive your right to examine this letter of recommendation, please sign here:

Signature of applicant Date

To be completed by the recommender:

The Special Student/Visiting Fellow Office appreciates your evaluation (on the reverse side) of the applicant's capacity for success in his/her proposed field of study. If possible, compare the applicant to others known to you who have completed graduate study. It will also be helpful for us to know how long, and in what capacity, you have known the applicant. Thank you for providing this information. Because we receive so many letters of recommendation, we find it impossible to acknowledge them.

Recommender's Name _____ Title _____
School/Company _____ Department _____
Address _____ Date _____
Telephone Number _____ Signature _____

Please return this form along with your written evaluation to the applicant in an envelope with your signature across the seal. The applicant is to return the unopened envelope with the application to the Special Student/Visiting Fellow Office. If you prefer, you may mail this form directly to the Special Student/Visiting Fellow Office at the above address.

Letter of Recommendation for Dr./Mr./Ms. _____