UNIVERSITY OF PITTSBURGH SCHOOL OF LAW
PITTSBURGH, PA 15260

Recommendation Form
Master of Studies In Law Program

PLEASE INCLUDE YOUR LETTER OF RECOMMENDATION WITH THIS FORM

TO THE APPLICANT: FILL OUT THIS SECTION AND SIGN YOUR NAME

(Name of Applicant) ________________________________________ is applying for admission to the Master of Studies In Law Program at the University of Pittsburgh. We would appreciate your views concerning the applicant’s suitability for study in law.

The Family Rights and Privacy Act of 1974 provides that applicants have the right to access to (i.e., are able to read and arrange to purchase a personal copy of) reference letters written after January 1, 1975 unless they choose to give up that right. Prior to submitting this form to a reference writer, applicants must indicate whether they wish to be able to see the letter.

IMPORTANT:

If you check “I do” give up the right of access to this reference letter, the letter must be returned by the recommender to the University of Pittsburgh School of Law directly, or placed in a sealed envelope, with the recommender’s signature written across the seal and given to you to return with your application.

If you check “I do not” give up the right of access to this reference letter, the letter may be returned by the recommender directly or given to you to return with your application.

Letters received which do not have the following choice indicated and signed by the applicant will be treated as ‘non-confidential’ and will be available to be reviewed by the applicant.

I DO __________   DO NOT __________ give up the right of access to this reference letter.

Applicant’s Signature

____________________________

TO THE REFEREE: COMPLETE THIS SECTION AND ATTACH YOUR LETTER OF RECOMMENDATION

I rank this student in the top ________% of approximately _________ students I have taught in ________ years.

OR

I rank this employee in the top ________% of approximately _________ employees I have supervised in ________ years.

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<th>UPPER 10% BUT NOT UPPER 1 OR 2%</th>
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Signature__________________________________________  Name (Typed or Printed)_________________  Date______________________

Position__________________________________________  Institution__________________________________________

Address__________________________________________  City______________________  State______________  Zip Code_____________