

CGA Applicant's Instructions and Waiver Form

Applicant's Name (Print): _____

To the Applicant:

Letters of recommendation must be written by persons who are knowledgeable about your academic qualifications and/or academic promise.

Give two copies of this form to each recommender: one copy must be attached to the letter that he or she submits on your behalf; one copy is for his or her records.

Specifically, **the recommendations must address your qualifications to hold a Competitive Graduate Award at Southern Illinois University Edwardsville.**

It is your responsibility to ensure that letters of recommendation are received before the deadline. Check regularly with the Graduate School (at 618/650-3010 or orgradsch@siue.edu) to verify that your letters of recommendation have been received.

Under federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. It is your option to waive your right to access to these recommendations or to decline to do so. Please mark the appropriate phrase below, indicating your choice of option, and sign your name.

_____ I waive my right to review of this recommendation.

_____ I do not waive my right to review of this recommendation.

Applicant's Signature _____ Date _____

To the Recommender:

Recommendations should address the applicant's qualifications to hold a Competitive Graduate Award at Southern Illinois University Edwardsville. Please use letterhead and include your email address. A copy of this form, with the applicant's signature and date, **MUST** be attached to the letter of recommendation.

Mail your letter of recommendation directly to:

Competitive Graduate Award
Graduate Studies and Research
Campus Box 1046
Southern Illinois University Edwardsville
Edwardsville, IL 62026-1046

Letters must be received by 4:30 p.m. on Thursday, January 15, 2009.

Thank you for your efforts on behalf of this applicant.