

Department of History—Graduate Programs

Letter of Evaluation

Please send this form to: Director of Graduate Studies at
the address shown below.

TO BE FILLED IN BY APPLICANT:

Name: _____
(Last) (First) (Middle Initial)

Address: _____

Phone Number: _____ Social Security Number: _____

Program: (Please Circle One) **M.A.** **Ph.D.**

Name of Evaluator: _____

Position and Institution: _____

I **do** _____ **do not** _____ waive my right to see this letter. **YOU MUST CHECK ONE.**

Signature of Applicant: _____ Date: _____

TO BE FILLED IN BY EVALUATOR:

(If desired, a separate letter may be attached.)

Please evaluate this applicant's potential as a graduate student in History. It would also be helpful to the Admissions Committee to know how long and in what capacity you have known the candidate.

Thank you for your time.

Department of History
Florida International University
University Park Campus – DM-397
Miami, FL 33199