



**Recommendation for Graduate Assistantship**

Candidate's Name (print or type): \_\_\_\_\_  
First Middle Last

Degree/Major (print or type): \_\_\_\_\_

.....  
**Waiver of Access:** The Family Educational Rights and Privacy Act of 1974 permits the individual requesting this reference to sign a waiver relinquishing the right to inspect letters of recommendation. The person's signature below constitutes such a waiver, and the lack of a signature implies that the person for whom this reference is being written shall have the right to read this reference at the Career Planning Placement Office.

Signature of Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
Comments: (Please attach typed page)

Print Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip Code

Business Telephone: \_\_\_\_\_

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**Return completed form to:**  
Graduate School  
University of Saint Francis  
2701 Spring Street  
Fort Wayne, IN 46808  
or [gradschool@sf.edu](mailto:gradschool@sf.edu)