

University of California, Santa Barbara
Statement Coversheet

Please mail two copies of your statements to your proposed department
(Department of _____, Attn.: Graduate Program Asst., University of California, Santa Barbara CA,
93106).

Name _____ Quarter _____
Legal family name (surname) First name Middle name

Proposed Department _____ Emphasis _____ Degree _____
(See: <http://www.graddiv.ucsb.edu/depts.shtml>)

Please type your statements on separate sheets and attach them to a copy of this coversheet.

1. Statement of Purpose: This statement will be used in conjunction with your application for graduate admission and financial support. Give a brief statement outlining your reasons for undertaking a graduate program, your particular area of specialization within the major field, your past academic work, and your plans for future occupation or profession.

2. Personal Achievements/Contributions: Share here how you would contribute to your proposed department in at least one of the following ways: low socio-economic status, such as might be contributed to by financial responsibility for immediate or extended family; experience of a condition impeding advancement to graduate study, such as the absence of a family member who had attended college, or the financial need to be employed while attending school; educational disadvantages such as matriculation in a school or schools with poor financial or curricular support; having a physical or mental special need; unusual or varied life experiences; fluency in other languages; academic research interests focusing on cultural, societal, or educational problems as they affect educationally underserved segments of society; or evidence of an intention to use the doctoral degree toward serving underserved segments of society.

3. Resumé or vita: If applicable, list your positions of employment or volunteer work/community service since high school, either full- or part-time, the hours per week worked, and the nature and dates of employment or service.

If you have discussed your plans for graduate study with any faculty member(s) of this campus, please list the contact name(s): _____

Signature _____ Date _____

University of California, Santa Barbara
Letter of Recommendation

Please mail to Department of _____, University of California, Santa Barbara CA, 93106.

THIS PART TO BE COMPLETED BY THE APPLICANT

Be sure to inform your recommender of the application deadline of: _____
(See: <http://www.graddiv.ucsb.edu/depts.shtml>)

Name _____ Quarter _____
Legal family name (surname) First name Middle name

Proposed Department _____ Emphasis _____ Degree _____
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I am applying for financial support: yes no

THIS PART TO BE COMPLETED BY THE RECOMMENDER

The person named above is applying for admission to graduate study and may be applying for financial assistance to the University of California, Santa Barbara. We would appreciate your personal impressions of the candidate's intellectual ability aptitude in research and professional skill. Please comment on the applicant's character, quality of previous work, and promise of productive scholarship.

Recommender: Please attach this form to your letter of recommendation.

Please rate this student in terms of overall promise and indicate the approximate size and level of the comparison:

<input type="radio"/> Below Average	<input type="radio"/> Average	<input type="radio"/> Somewhat Above Average	<input type="radio"/> Good
<input type="radio"/> Unusually Good	<input type="radio"/> Outstanding	<input type="radio"/> Truly Exceptional	<input type="radio"/> Inadequate Opportunity to Observe

Recommender's Name (please print) _____

Position or title _____ Institution or company _____

Address _____

Signature _____ Date _____

Please mail this form with the letter of recommendation directly to the department to which the applicant is applying (given above). Do not send it to Graduate Admissions. Thank you for providing this information.

Waiver of Right of Access to Letters of Recommendation

Name _____
Last First Middle

Proposed department/program _____

Name of recommender _____

The Family Educational Rights and Privacy Act of 1974 gives students (persons admitted and enrolled in the university) the right to inspect letters of recommendation written in support of an application for admission and financial assistance. In addition, the law permits students to expressly waive the right to inspect letters submitted on their behalf, although such a waiver must be voluntary and cannot be a condition of admission, award, or employment.

I, the undersigned, understand that the information provided in this letter may be used by the university in deciding upon admission to graduate study and/or the award of a fellowship or assistantship. I have read and understand the regulation concerning Waiver of Access to Confidential Letters of Recommendation. Having read this information I choose one of the following:

I hereby waive any and all rights of access to this letter of recommendation. I do not agree to waive access to the letter of recommendation.

Signature of Applicant _____ Date _____

Departments—Please remove this waiver slip from the letter of recommendation form prior to evaluations and keep it separate until a decision has been rendered. It should then be returned to the file.

University of California, Santa Barbara
Letter of Recommendation

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Recommender: Please attach this form to your letter of recommendation.

Please rate this student in terms of overall promise and indicate the approximate size and level of the comparison:

- | | | | |
|--------------------------------------|-----------------------------------|--|---|
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