

# CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO

## SPANISH MASTERS PROGRAM

**TO APPLICANT:** 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. Please complete the following form provided for this purpose and submit one to each individual who is asked to submit a recommendation on your behalf.

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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 options below:

\_\_\_\_\_ I agree to waive access to this letter of recommendation.

\_\_\_\_\_ I do not agree to waive access to this letter of recommendation.

Applicant's Name (print): \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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### GUIDELINES FOR WRITERS OF RECOMMENDATIONS

**In accordance with federal laws and university policy, authors of letters of recommendation are asked to refrain from comments regarding the candidate's national origin, race, color, religion, sexual orientation, marital status, age, or disability.**

The above-named student has applied to the M.A. PROGRAM IN SPANISH at California State University, San Bernardino. You have been asked to write a letter of recommendation that will address this student's fitness for and ability to succeed in a graduate program. Please **sign** and complete the following section:

**Name of Reference Writer (print):** \_\_\_\_\_

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

**Title and Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

Please remember to sign your recommendation letter in addition to this form. Please send to:

**Graduate Coordinator - Spanish**  
**Department of World Languages and Literatures, UH-314**  
**CSU San Bernardino**  
**5500 University Parkway**  
**San Bernardino, CA 92407**