



Letter of Recommendation Request Form

Department of Journalism and Media Studies
University of South Florida St. Petersburg
140 7th Avenue South, FCT 204
St. Petersburg, FL 33701-5016

PROSPECTIVE STUDENT INFORMATION

Instructions: Please complete all the prospective student information below. Please make additional copies of this form to each person from whom you are soliciting a letter of recommendation.

USF Graduate Program of Interest: _____

Legal Name: _____

Last Name

First Name

Middle Name

Street Address / Apt. # _____

City / State / Zip Code _____

Telephone Number (please include area code) _____

Fax Number (please include area code) _____

E-mail Address _____

Instructions: Prospective Student **must** check one of the following items.

- I waive the right provided by the Family Educational Rights & Privacy of 1974 (Buckley Amendment) to view this recommendation in my file at the University of South Florida.
- I do not wish to waive this right and shall retain the right to view this letter at the University of South Florida.

Prospective Student's Signature _____

Date _____

RECOMMENDER INFORMATION

Instructions:

1. Please attach this form to your letter
2. If mailing, please seal and sign across the back of the envelope.
Mail to:
Admissions Committee
Department of Journalism and Media Studies
USF St. Petersburg
140 7th Avenue South, FCT 204
St. Petersburg, FL 33701-5016
3. If faxing, please send to the attention of : **Graduate Program Admissions Committee (727-873-4034)**
4. If e-mailing, please send your letter as a Word or pdf document attachment to:
mnickens@stpt.usf.edu

Name of Recommender (please print)