Minnesota State University, Mankato
Department of Women’s Studies
Reference/Waiver Form

To be completed by the student seeking admission to the M.S. program in Women’s Studies and provided to the recommender.

Name of Applicant __________________  Name of Recommender __________________
Semester/Year of Proposed Enrollment ___________

To be considered for admission, you must sign one of the statements below.

The Family Education and Privacy Act of 1974 gives the student the right to inspect letters of recommendation written in support of applications for admission or fellowship. The law also permits students to waive the right if they choose, although such a waiver cannot be a condition of admission or award.

The undersigned hereby waives any right to inspect the recommendation submitted by the person to whom this form is being given.

Signature __________________________
Date _____________

The undersigned reserves the right to inspect the recommendation submitted by the person to whom this form is being given.

Signature __________________________
Date _____________

To be completed by recommender.

Your letter of recommendation may be submitted electronically, e-mailed to cynthia.veldhuisen@mnsu.edu. However, this completed form must be sent through postal mail to Graduate Studies Coordinator, Department of Women’s Studies, 109 Morris Hall, Minnesota State University Mankato, Mankato MN 56001.

Recommender’s Name ___________________________________________
Position _____________________________________________________
Address _____________________________________________________

_____________________________________________________

_____________________________________________________
Relationship to Student Applicant ________________________________
Signature __________________________
Date _____________