

UNIVERSITY OF NEVADA LAS VEGAS  
Geoscience Department  
4505 S Maryland Parkway · Box 454010  
Las Vegas, NV 89154-4010

**Request for Information-Letters of Recommendation**

**To be completed by the applicant**

Applicant's Name

Applicant's Address

- I waive the right provided by the Family Education Rights and Privacy Act of 1974 (Buckley Amendment) to view this letter of recommendation in my file at the University of Nevada, Las Vegas.
- I do not wish to waive this right. Rather, I wish to retain the right to view this letter in my file at the University of Nevada, Las Vegas.

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Signature of Applicant

Date

***To writers of letter of recommendation***

This form is provided to you for your convenience. You may use it, or use your own stationery to submit this letter of recommendation. Please provide your evaluative statement and your candid evaluation of the applicant's preparation for graduate study in the space below. Use additional pages if necessary. (Because the University of Nevada Las Vegas is in compliance with section 504 of the Rehabilitation Act of 1973, we discourage direct or indirect reference to an applicant's disability).

Out of approximately \_\_\_\_ of persons I have taught/advised at this educational level during the past \_\_\_\_ years, I would rank this applicant in the upper \_\_\_\_ percent on the basis of potential to achieve a graduate degree.

Your name, title and position

Institution/Organization and Address

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Signature of Writer

Date