E. LETTER OF RECOMMENDATION WAIVER FORM

Instructions for Applicant

Please complete the upper part of this form, sign it, and give the form to the person who will write the letter on your behalf. Provide the individual with a stamped envelope addressed to:

California State University, Los Angeles
Division of Extended Education
Attn. MSPA Coordinator
5151 State University Drive
Los Angeles, CA 90032-8619

Name of Applicant _____ Date: _____
(*please print)*

Waiver agreement: I ***do*** ☐ ***do not*** ☐ waive my right to read this letter of recommendation.

_____
(Signature of applicant)

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Instructions for Reference

The above applicant has applied to the Extended Education Master of Science in Public Administration program, California State University, Los Angeles. Please write an assessment of his/her potential for graduate study on your organization's letterhead. Please include the context in which you know the applicant and for how long, an evaluation of his/her abilities and skills, and your judgment of personal qualities that would enable the applicant to be successful in graduate study. Please mail your letter and this form to the above address **before the application deadline of December 1, 2009**.
.

Thank you for your cooperation.

Name _____

Organization: _____

Address: _____
City, State, Zip Code

Telephone: _____ Email: _____

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