



# The Bancroft Library

UNIVERSITY OF CALIFORNIA BERKELEY, CALIFORNIA 94720-6000

## Fellowship Program

### Confidential Report

Name of Applicant: \_\_\_\_\_  
Last First Middle

Graduate Department or Group: \_\_\_\_\_

*Important: Specify the exact department or group accurately (not area or emphasis)*

Campus: \_\_\_\_\_

TO THE APPLICANT: *The Family Educational Rights and Privacy Act of 1974 gives students the right to inspect letters of recommendation written in support of applications for admission, fellowship, or academic employment. The law also permits students to waive that right if they choose, although such a waiver must be voluntary and cannot be a condition of admission, award, or employment. If you wish to waive your right to examine this letter of recommendation, please sign below.*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**TO THE RECOMMENDER:** The person named above is applying for The Bancroft Library Fellowship Program at Berkeley. What are your personal impressions of the applicant's intellectual ability, ability in research, and professional skills? Please comment on the applicant's character, quality of previous work, and promise of productive scholarship. You may comment on the back of this form, or you may attach a letter to this sheet.

Please rate this applicant in overall promise. Circle one:

- Below Average       Average       Good       Outstanding       Truly Exceptional

Please complete, if applicable:

- Best Student this year     Best student in five years     Best student in 10 years     Best student in \_\_\_\_ years

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Recommender's name: \_\_\_\_\_

Position or title: \_\_\_\_\_

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

**Please mail this form to The Bancroft Library, Fellowship Program, University of California, Berkeley, CA 94720-6000 by the first Monday in February.**