



SCHOOL of COMMUNICATION

Recommendation Form for the Spring 2024 Semester in Los Angeles

DEADLINE: OCTOBER 6, 2023

TO THE STUDENT: PLEASE TYPE YOUR FULL NAME, FILL IN OTHER REQUIRED INFORMATION, SIGN THE STATEMENT ABOUT THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974, AND GIVE THIS FORM TO THE FACULTY MEMBER OF YOUR CHOICE IN YOUR DEPARTMENT TO COMPLETE.

Under the provisions of the Educational Rights and Privacy Act of 1974,

☐ **I do** ☐ **I do not waive my right to review this document.**

STUDENT'S FULL NAME:

STUDENT'S UM ID NUMBER (C#):

STUDENT'S UM 5 NUMBER:

STUDENT'S E-MAIL ADDRESS:

STUDENT'S SIGNATURE:

TO THE FACULTY MEMBER (OTHER THAN DR. LANE OR PROF. FRANCOIS): PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT THE APPLICANT:

1. HOW LONG AND IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT?

2. WHAT KINDS OF ACADEMIC, PROFESSIONAL AND/OR TECHNICAL SKILLS MAKE THIS APPLICANT WELL-SUITED FOR THE SEMESTER IN LA PROGRAM?

PLEASE RETURN THIS FORM DIRECTLY TO:

Joselyn Garcia, Joselyn@miami.edu, Department of Cinematic Arts



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3. TO THE EXTENT THAT YOU CAN, PLEASE SPEAK TO THE APPLICANT'S PROFESSIONAL AND PERSONAL DEMEANOR, HIGHLIGHTING SUCH QUALITIES AS CHARACTER, MATURITY, RESPONSIBILITY, LEADERSHIP, TEAMWORK, INTEGRITY, AND PUNCTUALITY.

4. HOW WILL THE L.A. PROGRAM BENEFIT THIS APPLICANT, SPECIFICALLY?

5. DO YOU RECOMMEND THE APPLICANT FOR THE PROGRAM? CHECK ONE.

☐ YES, WITHOUT RESERVATION

☐ YES, WITH SOME RESERVATION(S)
NOTED ABOVE

☐ NO

PRINTED NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____

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