

Recommendation Form for the May 2025 UMLA
DEADLINE: NOVEMBER 4, 2024

TO THE STUDENT: PLEASE PRINT/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 E-MAIL ADDRESS:

STUDENT'S UM ID NUMBER (C#):

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 SKILLS AND TALENTS MAKE THIS APPLICANT WELL-SUITED FOR UMLA?

PLEASE RETURN THIS FORM DIRECTLY TO: Joselyn Garcia, joselyn@miami.edu, Office of Graduate Studies



SCHOOL of COMMUNICATION

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, AND TEAMWORK.

4. BASED ON YOUR KNOWLEDGE OF THE APPLICANT, HOW DO YOU SEE THIS PROGRAM BENEFITTING THE APPLICANT AND SUPPORTING THEIR PROFESSIONAL AND / OR ACADEMIC AND/OR PROFESSIONAL GOALS?

5. DO YOU HAVE ANY CONCERNS OR CONSIDERATIONS PERTAINING TO THE APPLICANT THAT YOU SUGGEST WE FACTOR INTO THIS DECISION?

6. 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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