

CALARTS LETTER OF RECOMMENDATION 2009–10

24700 McBean Parkway, Valencia, CA 91355-2340 USA

PART I *To be completed by the applicant. Sign before giving this form to your recommender.*

Applicant's Last Name	First Name	Middle Name or Initial
Program to Which You Are Applying		
Name of Recommender	Relationship to You	
Signature of Applicant		Date

Missing signature will render the confidential clause null and void.

PART II *To be completed by the recommender.*

The applicant named above has requested your recommendation for admission to CalArts. We would greatly appreciate your appraisal of the applicant on the basis of his or her past performance in a creative and/or classroom setting and your perception of his or her talent, professional promise and scholastic aptitude. Please assess the student's strengths and weaknesses and write your comments on the back of this form or attach a letter on your letterhead. Thank you very much.

Signature of Recommender	Name (in case left blank above)	Date
Title	Institution / Organization / Company	Relationship to Applicant
Address		
Telephone Number	Fax Number	E-Mail

May we contact you if we have any questions? Yes No

SIGNATURE *To be completed by the applicant. Please read the following statement and sign below.*

California Institute of the Arts reserves the right to refuse admission and matriculation to any applicant who is, in the institute's judgement, not qualified. Students are expected to familiarize themselves and comply with the rules of conduct, academic regulations and established practices of the institute. If pursuant to such rules, regulations or practices, the withdrawal of a student is required before the end of the term for which tuition has been paid, a refund will be made according to the standard schedule for refunds. The Institute also reserves the right to solicit information from the personal references provided by the applicant. Official records and credentials cannot be returned.

Signature of Applicant	Date
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