

# CaLARTS Recommendation Form

**PART 1** To be completed by the applicant before giving this form to your recommender.

Applicant's Legal Last Name ( <i>family</i> )	Legal First Name ( <i>given</i> )	Chosen First Name ( <i>optional</i> )
Program of Interest	Applicant's Email	
Name of Recommender	Relationship to Applicant	
Signature of Applicant ( <i>Missing signature will render the confidential clause null and void.</i> )	Date	

**PART 2** To be completed by the applicant before giving this form to your recommender.

Documents submitted as a requirement of the application (such as letters of recommendation, artist statements transcripts or other educational documents) are a part of your application file and cannot be returned to you after we have received them. Under the Family Educational Rights and Privacy Act of 1974, enrolled students have access to their educational record after they have become matriculated students.

Please acknowledge that you understand that as an applicant you will not have access to your application materials or have application materials returned to you. If you matriculate at CalArts and you wish to access your educational records, please contact the Registrar.

Yes  No

### PART 3

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 their past performance in a creative and/or classroom setting and your perception of their talent, professional promise and scholastic aptitude. Please assess the student's strengths and weaknesses upon your letterhead and attach to this form. Thank you very much.

**May CalArts contact you if we have questions?**  Yes  No

Signature of Recommender	Date		
Title	Institution/Organization/Company	Relationship to Applicant	
Address Number and Street, Apartment	City, State/Province	Zip/Postal Code	Country
Phone	Fax	Email	

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