



Transfer Application

Letters of Recommendation Confidentiality Agreement

No letter of recommendation will be processed without a completed and signed agreement

APPLICANT INFORMATION: *All fields to be completed by applicant*

Penn ID: _____ Graduation Year: _____ Pronouns: _____

Last Name: _____ First Name: _____

RECOMMENDER INFORMATION: *All fields to be completed by applicant*

Last Name: _____ First Name: _____

Professional Title: _____ Email: _____

Institution: _____

As per the Family Educational Rights and Privacy Act of 1974 (FERPA), I understand that I may view this evaluation unless I explicitly waive my right to do so below:

[] CONFIDENTIAL: I waive my right to view this evaluation

[] NON-CONFIDENTIAL: I do not waive my right to view this evaluation

Applicant Signature: _____ Date: _____

We cannot accept typed signatures

ATTENTION RECOMMENDERS!

Please submit this form with your letter and submit via email to Peter Stokes at stokespm@upenn.edu

Please ensure that the letter is on official letterhead, dated, and signed.

If you have any questions please contact Peter Stokes at stokespm@upenn.edu