Dear Applicant: Please give this form to someone who knows your academic background and progress, i.e. a teacher (preferably someone in the area of your course of summer study) or counselor. Letters written by family members and friends are not appropriate and will not be accepted. Be sure to give the recommender plenty of advance notice and time to write this letter.

In addition, you have the right to choose whether or not you waive the right to see your letter of recommendation. If you choose to waive this right, the recommender will not disclose the contents of his/her recommendation.

Please fill out the top section of the attached form prior to giving it to your recommender.

Dear Recommender: This applicant is applying for the UC Berkeley Summer Sessions Pre-Collegiate Program [http://www.summer.berkeley.edu/precollegiate](http://www.summer.berkeley.edu/precollegiate) The Pre-Collegiate Program offers individuals the opportunity to join the community of more than 250 high school students who spend their time enjoying a summer at Berkeley. These students will be able to take advantage of Berkeley courses, co-curricular events, and workshops planned specifically for them.

In order to participate, applicants need a letter of recommendation from someone they feel knows them and their academic background; this applicant has chosen you. Please complete the form below and attach your answers to the questions on your school or professional letterhead. We value your honest feedback and thank you for taking the time to do this.

When you have completed your recommendation, please either send it as a PDF attachment to Deborah Tatro at deborahtatto@berkeley.edu or fax it to (510) 642-2877, Attn: Deborah Tatro. This letter also may be sent via postal mail to:

Berkeley Summer Sessions  
Attn: Deborah Tatro  
1995 University Avenue, Ste 130  
Berkeley, CA 94704-7026

If you feel comfortable doing so, you may instead return the letter to the applicant and have him/her upload it electronically to MySummer, the Summer Sessions online database. Students will have received information about this option when they apply for the program.

Deadline Reminder: The deadline to apply and receive all supporting documents is June 1, 2012.
UC Berkeley Summer Sessions Pre-Collegiate Program
Letter of Recommendation Form

Name of Applicant: ___________________________________________ (Last, First, Middle)

High School: __________________________ City: __________________ State: __________

This letter of recommendation, submitted in support of your admission to the UC Berkeley Summer Sessions Pre-Collegiate Program, will be kept confidential. The Family Educational Rights and Privacy Act of 1974 and its amendments, and the California Information Practices Act of 1977 and its amendments, guarantee you access to educational records concerning yourself. You also are permitted by those laws to voluntarily waive that right of access.

☐ I waive my right of access to this letter of recommendation from ___________________________________________ (Name of recommender)

☐ I do NOT waive my right of access to this letter of recommendation from ___________________________________________ (Name of recommender)

Applicant's Signature __________________________ Date __________________

Name of Recommender: ___________________________________________ (Last, First, Middle)

Job Title: __________________________ School/Employer: ___________________________________________

Email address __________________________________________ Phone __________________

How long and in what capacity have you known the applicant? ___________________________________________

Please answer the following questions about the applicant on school/professional letterhead:

1. Based on your experiences with this applicant, please comment on his/her aptitude, preparation, and potential for work at the college level.

2. Why do you think this applicant would benefit from this program?

3. Please comment on the applicant’s character, integrity, and any other relevant personal characteristics.

4. Is there anything else that you would like us to know about this applicant (i.e. does he/she participate in extra-curricular, community-based, or leadership activities, etc.)?

Recommender’s Signature __________________________ Date __________________

Please do one of the following:
- Send a scan of this signed form and attached letter to Deborah Tatt@berkeley.edu.
- Mail to: Berkeley Summer Sessions Office, Attn: Deborah Tatt@, 1995 University Avenue, Ste 130, Berkeley, CA 94704-7026,
- Fax to: (510) 642-2877 Attn: Deborah Tatt@,
- Return it to the applicant to upload

Last updated 1/10/2012