



CONFIDENTIAL REPORT ON APPLICANT FOR GRADUATE STUDY

Please Return to:
Department of Chemistry
Attn: Graduate Admissions
University of Utah
315 S. 1400 E. Rm. 4404 HEB
Salt Lake City, UT 84112-0850
Phone: (800) 444-8638 ext. 14393
Fax: (801) 581-5408

Name of Applicant _____

With respect to the consideration of my admission to the Graduate Program in Chemistry at the University of Utah, I hereby waive my right to access to any confidential letters and statements that may be collected provided that upon my request I receive notice of the names of all persons making confidential recommendations and that such recommendations will be used only for the purpose of evaluating me for admission to the graduate program.

Signature of Applicant _____

Name of person giving recommendation: _____

Title: _____

Institution: _____

Address: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Please attach additional paper(s) if necessary