
Master of Arts in Liberal Studies Program
CONFIDENTIAL REFERENCE FORM

TEL: 603-646-3592 FAX: 603-646-3590

Please type or print using a ball point pen

Applicant's name:
(please print)

Address:

E-mail Address: _____

Signature: _____

Date: _____

The Master of Arts in Liberal Studies Program is a graduate program for adults that incorporates both directed and independent multidisciplinary study. The Admissions Committee seeks information on the candidate's ability to design an individual program and do multidisciplinary academic work on the graduate level. Does he/she speak well, write well, think critically and/or work independently? Is he/she sensitive to the ideas of others, creative, motivated, mature and disciplined? The Committee will appreciate receiving your frank evaluation of the candidate's strengths and weaknesses in these areas, as well as other information you consider relevant.

Agreement Respecting Confidentiality

I waive ___ do not waive ___ my right of access to this recommendation form under the family Educational Rights and Privacy Act of 1974, 20 U.S.C. A. par 1232g(a)(1). I understand that this form will be used by the graduate program solely in its procedures relating to admission.

Name:
(please print)

Position:

Signature:

Date:

Address:

Telephone number:

E-mail Address:

Please return this form to the applicant in a sealed, signed envelope or to the Admissions Committee, MALS Program, Dartmouth College, 6092 Wentworth, Hanover, NH 03755-3526. The Applicant cannot be considered until all references have been received.