

# UCLA Amgen Scholars Program

## Letter of Recommendation Waiver

### APPLICANT INFORMATION

**Name (first, middle, last)**

**Home Institution**

**E-mail Address**

**Phone Number**

**APPLICANT:** Complete the Applicant Information section of this form. Print, sign and give the waiver form to your recommender for submission with his/her letter of recommendation. Make a copy for your records and the faculty mentor should receive a copy. If your recommender is not at your home institution, fax them this document. Submit via fax (preferred) or mail. **This form, along with the completed letter of recommendation, must be received by Tuesday, February 1, 2022.**

Under federal law, students have the right to inspect and review the letter(s) of recommendation contained in their educational records. However, applicants may waive the right of access. The letter(s) will then remain confidential between the UCLA Amgen Scholars Program and the recommender(s). Applicants are not required to waive their right of access as condition for admission to the UCLA Amgen Scholars Program. All letters of recommendation, whether written confidentially or not, will be given careful consideration in the admission decision. Applicants alone must decide whether to waive their right of access.

The UCLA Amgen Scholars Program asks that you fill out, sign, and date the declaration below.

#### **Applicant's Waiver Declaration:**

I have read the statements above and I understand that I am not required to waive the right of access under the Family Educational Rights and Privacy Act of 1974 ("FERPA") and any/or all other laws, regulations, or policies as a condition for admission to the UCLA Amgen Scholars Program.

*Please check the appropriate response.*

- I hereby waive my right of access to this letter of recommendation as provided by FERPA  
 I do not waive my right of access to this letter of recommendation as provided by FERPA

*By typing my name in the space provided below I hereby certify to the best of my knowledge that all information submitted is complete and correct. I understand that failure to disclose accurate information is grounds for immediate termination from this program.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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### RECOMMENDER INFORMATION:

**Name**

**Institution**

**E-mail Address**

**Phone Number**

**RECOMMENDER:** To best assist the Amgen Faculty Review Committee, please write candidly about your knowledge of the applicant and the applicant's qualifications, including but not limited to:

- How long and in what capacity you have known the applicant
- The applicant's motivation for graduate study versus aspiration to attend professional (e.g., medical) school
- The applicant's qualifications and potential for research as well as academic success

If there are any other insights that you wish to share about the applicant, please do. Letters should be composed on departmental letterhead.

Submit via email. All application materials must be **received by Tuesday, February 1, 2022.**

#### Email

AmgenSch@lifesci.ucla.edu