RECOMMENDATION FOR LL.M. APPLICANT

Note to Candidate: Please complete the first page of this form. Deliver or mail this form to the person who will write your recommendation. Request that your recommender submit the form directly to Washington and Lee at the address below.

1. Full Legal Name of Applicant
   Last
   First
   Middle

2. Name of Recommender

3. Postal Address of Recommender
   City, State, Postal Code, Country
   Telephone
   E-mail address

You have the right to view this evaluation unless you waive that right. Please sign in the appropriate space to indicate whether or not you have chosen to waive this right.

Waiver of Right of Access
I hereby freely and voluntarily authorize the release of a candid evaluation to assist in the admissions process. I waive any right of access that I might have by law, and I agree that the statement shall remain confidential.

______________________________  __________________________
Signature                                      Date

I authorize the release of a candid evaluation, but I do not waive my right to examine this letter.

______________________________  __________________________
Signature                                      Date
To be completed by recommender:

Are you related to the applicant?  9 Yes   9 No

How long and in what capacity do you know the applicant?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What is your opinion of the applicant=s intellectual abilities?  How does the applicant compare to other lawyers or law students you have known?  Please comment specifically on the applicant=s writing ability.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How would you describe the applicant=s character and personality?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Does the applicant have particular strengths or weaknesses that are especially relevant to his/her likelihood of success in graduate law study?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please use additional space if necessary to answer these questions.  You should also feel free to provide any additional information that you think would be helpful in evaluating the application.
________________________________________________________________________

Signature of Recommender                                              Date

Please send this form to:

Washington and Lee School of Law
Office of Admissions
Sydney Lewis Hall, Room 508
Lexington, Virginia 24450
U.S.A.

Tel  1-540-458-8503
Fax  1-540-458-8586
E-mail  lawadm@wlu.edu
All forms must be received by March 1, 2004.