



**Recommendation Form**  
**Master of Laws (LL.M.) in Dispute Resolution**  
**University of Missouri-Columbia School of Law**

**TO THE APPLICANT:** Fill in your name and the name and address of your reference below. Sign one of the waiver statements, and mail or deliver the form to your reference, including the envelope addressed to the MU LL.M. program. You may wish to provide your reference(s) with your statement of purpose for pursuing this degree. The person giving the recommendation must send this form and any additional materials directly to the law school.

**Name of Applicant:** \_\_\_\_\_  
Last First Middle

**Name, title, address and phone number of Reference (please type or print):** \_\_\_\_\_

The Family Educational Right and Privacy Act of 1974, as amended, provides an applicant with a right of future access to the contents of this recommendation once the applicant is enrolled as a student in this institution. The Act also allows an applicant to waive the right of future access, but prohibits a school from requiring an applicant to waive this right as a condition of admission or review and evaluation of an application for admission. I have read and understand this statement of the federal law governing my right of access to this recommendation form.

**Please sign and date ONE of the following statements**

*I hereby waive my right of future access to the contents of this recommendation form and authorize my reference and his or her institution to provide the University of Missouri-Columbia School of Law with all appropriate evaluations and information that may be required in support of my application.*

\_\_\_\_\_  
Signature Date

*I do not waive my right of future access to the contents of this recommendation form, but I authorize my reference and his or her institution to provide the University of Missouri-Columbia School of Law with a candid evaluation of me, and other relevant information that may be required in support of my application.*

\_\_\_\_\_  
Signature Date

**TO THE PERSON COMPLETING THIS RECOMMENDATION FORM:** The above-named person has applied for admission to the LL.M. program in dispute resolution at the University of Missouri-Columbia School of Law. Your comments and candid evaluation will help us greatly in our efforts to select the best qualified students. Please complete the form, enclose it with any additional supporting documents in the envelope provided, and mail the recommendation directly to the LL.M. Program, Center for the Study of Dispute Resolution, School of Law, 206 Hulston Hall, University of Missouri-Columbia, Columbia, MO 65211.

**I.** How long have you known the applicant and in what capacity? \_\_\_\_\_

**II.** Please give us your candid evaluation of this applicant, with particular emphasis on his or her academic promise, ability to express self orally and in writing, initiative, perseverance, ability to work independently, interests and capabilities, judgment and maturity, and the applicant's motivation for pursuing an LL.M. in dispute resolution. You may use the back of this form, or, if you choose to respond using a separate letter, please enclose it and any additional supporting documentation with this recommendation form. We appreciate the time you have taken to provide us with these comments.

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Signature Date