

GPS FORM

GRADUATE/PROFESSIONAL SCHOOL RECOMMENDATION FORM

University Special Students seeking admission to Graduate or Professional school (UNRS-9) may have this form completed by the appropriate graduate admission officer in the department or school. Please keep it for your records; you do not have to mail it with your application.

Student's name _____

SS number _____

Campus ID number _____

For terms:

Fall 200

Spring 200

Summer 200

Student should apply to graduate or professional school for the term beginning:

Fall 200

Spring 200

Summer 200

Prerequisite Deficiencies Other _____

DISCLAIMER: This is not a recommendation for admission to graduate or professional study and implies no such commitment on the part of the department or school. Admission to graduate or professional study is a separate process governed by respective Graduate or Professional School Faculty Policy. This recommendation may allow you to take courses to count in some way as prerequisites or to satisfy deficiencies to a graduate or professional program.

FORM COMPLETED BY:

Name of authorized person: (print) _____

Title of authorized person: _____

Telephone number: _____

Department/professional school: _____

University/location if other than UW-Madison: _____

Minimum grades required: _____

Courses recommended:

1) _____

2) _____

3) _____

Authorized signature: _____

Date: _____