



FOR UNRS STUDENTS ONLY

**GPS FORM**

**GRADUATE/PROFESSIONAL SCHOOL RECOMMENDATION FORM**

University Special Students seeking admission to Graduate or Professional school (UNRS) are strongly encouraged to have this form completed by a graduate admissions coordinator in the appropriate department or school in order to verify necessary prerequisite courses. Please keep it for your records; you do not have to mail it with your application unless requested by the Adult and Student Services Center.

Student's name \_\_\_\_\_

Campus ID number \_\_\_\_\_

For term beginning: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

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

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

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: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Department/professional school: \_\_\_\_\_

University/location if other than UW-Madison: \_\_\_\_\_

Minimum grades required: \_\_\_\_\_

Courses recommended:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_