



THE UNIVERSITY OF MICHIGAN  
DEPARTMENT OF CLASSICAL STUDIES

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DATE: \_\_\_\_\_

TO: \_\_\_\_\_

FROM: \_\_\_\_\_

Please write a letter of recommendation on my behalf for inclusion in my placement dossier. My preference concerning the confidentiality of the letter is indicated by my signature on the statement below. Please send the letter, along with this form, to the Department of Classical Studies at the address below.

Thank you

\* \* \*

I wish to have access to the letter of recommendation.

Signature \_\_\_\_\_

I waive my right of access to this letter of recommendation.

Signature \_\_\_\_\_