## UMKC Theatre UNIVERSITY OF MISSOURI - KANSAS CITY Kansas City Repertory Theatre

## MAIL TO: Graduate Programs UMKC Department of Theatre Honorary Patricia McIlrath Street 4949 Cherry 408 PAC Kansas City, MO 64110-2229

## LETTER OF RECOMMENDATION

Please type or print

<b>TO APPLICANT</b> : This form should be given to a professor/theatre professional who is able to comment on your qualifications for graduate study in theatre.		
Name of Applicant		_
Degree program to which you are applying: (Acting red    Master of Arts     Master of Fine Arts – Acting    Master of Fine Arts – Design and Technology    Design:     Stage Management    Technical Direction	ism Playwriting/Dramaturgy	grams, two)
Under the Family Educational Rights and Privacy Act of 1974, federal law gives students the option of waiving their rights to see specific letters of recommendation. If the applicant has waived this right by signing below, this letter will be held confidential. If the applicant has not waived the right, it will be assumed that this letter may be seen by the applicant if he or she enrolls in the University of Missouri-Kansas City Department of Theatre.		
Waiver: In accordance with the Family Educational Rights and Privacy Act of 1974, I waive my right to review this letter.		
Applicant's signature	Date	_
TO RECOMMENDER: Use the reverse side to submit a narrat	tive recommendation or you may attach your	letter to this form.
Please comment on:		
1) the length of time and the capacity in which you have known the applicant,		
2) your artistic involvement with the applicant,		
3) the applicant's artistic ability,		
4) your knowledge of the applicant's leadership and communication skills, and		
5) your knowledge of the applicant's character and work ethic.		
Signature	Title	Date
• <u> </u>		
Name	Institution	
E-mail	Phone	
Street		
City	StateZip code	