

THE PHI BETA KAPPA ALUMNI IN SOUTHERN CALIFORNIA
(Alpha Association)

FACULTY RECOMMENDATION FOR SCHOLARSHIP

To the applicant: This form should be given to a faculty member who is able to comment on your work in the institution where you are presently enrolled. For the convenience of the person completing this form, you should include a stamped envelope addressed to the member of the Phi Beta Kappa Alumni Scholarship Awards on your own campus.

Your name: _____ Degree objective: _____

Your address: _____

Institution and department where you are enrolled: _____

Name of faculty member: _____ Are you the applicant's Dissertation Chair? _____

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To the faculty member: You are requested to provide an opinion of the quality of the student's graduate work. Please feel free to use both sides of this form. In order for the student to be considered for scholarship support, this letter must be received by the member of the Scholarship Awards committee on your campus **NO LATER THAN** _____.

Name (please print)

Signature

Title

Institution