

EST. 1776

The **PHI BETA KAPPA** *Society*

THE NATION'S MOST PRESTIGIOUS ACADEMIC HONOR SOCIETY

Recommendation for the
Mary Isabel Sibley Fellowship

To Be
Completed
by the Applicant

Name _____ SSN# _____ (requested)

Public Law 93.390 allows the applicant a choice regarding access to letters requested after January 1, 1975. Because the Phi Beta Kappa Society believes that letters submitted in confidence carry a greater weight, it is suggested that the right to access be waived. It is essential that the applicant complete the following statement.

I hereby waive do not waive access to this letter

Signature _____ Date _____

To Be
Completed
by the Reference
and Returned to
the Applicant

The Mary Isabel Sibley Fellowship application procedure requires the applicant to gather individual letters of recommendation, as well as other documents to the selection committee. After completing your letter of recommendation, please print and sign copy, place in a single envelope addressed to the applicant, seal the envelope, and sign and date it across the seal. Return it to the applicant, who will forward it to the Phi Beta Kappa Society, unopened, with the application materials. The applicant has indicated above whether access to this recommendation has been waived. You may also submit your letter of recommendation directly to Jen Horneman at jhorneman@gmail.com.

We appreciate your cooperation.

Signature _____ Date _____

Please print clearly below:

Name _____

Position _____

Address _____

E-mail _____ Daytime phone _____

SSN# _____ (optional)

Date of Birth _____

To Be Completed
by the Applicant

Name _____
Last
First
MI

Street _____ Apt. No. _____

City _____ State _____ Zip code _____

(w) Area code and telephone number _____ (h) Area code and telephone number _____ E-mail address _____

School _____

Dates of Enrollment _____ Degree and Year _____

I authorize the release of a transcript of my academic record to the Phi Beta Kappa Society.

Signature _____ Date _____

To be
Completed
by Registrar

Registrar: This person is applying for a fellowship offered by the Phi Beta Kappa Society. Please enclose this form along with transcripts in an official university envelope addressed to the applicant. Seal the envelope; date and sign, stamp, or place your seal on the back flap; and return it to the applicant. Please include instructions on how to interpret the transcript and an explanation of your grading system. If the transcript is not in English, include an English translation. If a copy of the student's academic record cannot be forwarded, please indicate the reasons.

cut here _____

SSN# _____ (optional)

Date of Birth _____

To Be Completed

by the Applicant

Name _____
Last
First
MI

Street _____ Apt. No. _____

City _____ State _____ Zip code _____

(w) Area code and telephone number _____ (h) Area code and telephone number _____ E-mail address _____

School _____

Dates of Enrollment _____ Degree and Year _____

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