

EST. 1776

*The* **PHI BETA KAPPA** *Society*

THE NATION'S MOST PRESTIGIOUS ACADEMIC HONOR SOCIETY

Recommendation for the  
Walter J. Jensen 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](mailto: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 \_\_\_\_\_

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