

Summer Institute in Art Museum Studies

Reference Directive Form

To the applicant: please express your wishes as indicated below, and send with each of your recommendation requests.

To (Name of reference): _____ Title: _____

I appreciate your submitting a letter of recommendation to:

Smith College Summer institute in Art Museum Studies, Smith College Museum of Art, Elm Street at Bedford Terrace, Northampton, MA 01063

Letters must be received by March 9, 2012.

I request that this be an OPEN (NON-CONFIDENTIAL) letter of recommendation.

Signature of candidate: _____ Date: _____

OR, I hereby waive my right of access to the attached letter of recommendation.

Signature of candidate: _____ Date: _____