



Cornell University
Department of Plant Pathology
and Plant-Microbe Biology
WAIVER OF INSPECTION FORM
2009 Summer Research Scholars Program

To be completed by the Applicant
To be mailed and postmarked by MARCH 1, 2009

Name of Applicant:

Name of Referee:

Under the provisions of the Family Educational Rights and Privacy Act of 1974, I hereby waive my right to inspect the letter of recommendation given by my referee with the understanding that it will be used only for purposes of consideration for an undergraduate Summer Research Scholar Program award.

Applicant Signature: _____ Date: _____

Note: Print two (2) copies of this Waiver of Inspection Form for each reference professor. Mail one copy to Amy Andersen (postmarked by March 1, 2009), and **give the duplicate copy to your reference professor** for their information.

Amy Andersen
Summer Scholars Program
Department of Plant Pathology and Plant-Microbe Biology
630 West North Street
Cornell University, NYSAES
Geneva, New York 14456
Phone: 315-787-2331