

LL.M. in Gaming Law and Regulation

APPLICANT INFORMATION

Last Name

First Name

Middle Name

Date of Birth

TO THE APPLICANT: Applicants can have their recommenders use this form or submit narrative letters of recommendation. Applicants should complete the top portion and this box, then give to recommenders to complete the remaining evaluation.

Under the provisions of the Family Education Rights and Privacy Act of 1974, you are guaranteed the right of access to your file upon your matriculation as a student. Accordingly, you are requested to indicate below, prior to delivering this form to the person who will complete it, whether you wish to waive your right of access to this evaluation form when completed.

I waive my right of access to this evaluation form I do not waive my right of access to this evaluation form

Signature of Applicant _____ Date _____

TO THE EVALUATOR: The person whose name appears above has applied for admission to the LLM in Gaming Law & Regulation at the University of Nevada, Las Vegas. The following questions are provided to gain additional insight to properly evaluate the applicant.

Your comments will be an important factor in the section process and the application cannot be considered until the required number of recommendations are on file.

Thank you for your time.

Name of Evaluator

Position or Title

Email Address

Organization

How long have you known the applicant? _____

Under what circumstances have you known the applicant?

What do you consider to be the applicant's most outstanding traits?

In what areas of personal development could the applicant most benefit by additional growth?

What is your perception of the applicant's initiative and motivation to achieve goals?

How well does the applicant express him/herself both orally and in writing?

What do you believe to be the applicant's ability to think analytically and creatively?

How would you rate the applicant's ability in comparison with others whom you have known at comparable stages of their careers?

- | | | |
|------------------------------------------------------|------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Outstanding (among best 5%) | <input type="checkbox"/> Good (among best 25%) | <input type="checkbox"/> Below Average (below best 50%) |
| <input type="checkbox"/> Unusual (among best 10%) | <input type="checkbox"/> Average | <input type="checkbox"/> Unable to Estimate |

What would your attitude be toward having the applicant as an associate?

- | | | |
|----------------------------------|--------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Eager | <input type="checkbox"/> Willing | <input type="checkbox"/> Reluctant |
| <input type="checkbox"/> Pleased | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Unable to Estimate |

The Admissions Committee would appreciate any additional comments you may wish to share regarding the applicant. *Please attach additional pages if needed.*

What is your recommendation concerning this applicant's enrollment in the LLM program at the University of Nevada, Las Vegas?

- | | |
|---------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Strongly recommend | <input type="checkbox"/> Recommend with some reservations |
| <input type="checkbox"/> Recommend | <input type="checkbox"/> Do not recommend |

Signature _____ Date _____

Please mail to:

William S. Boyd School of Law | Office of Admissions
University of Nevada, Las Vegas
4505 S. Maryland Parkway
Box 451003
Las Vegas, NV 89154-1003

Or email to: gradlaw@unlv.edu