Letter of Recommendation

PLEASE RETURN TO:

Office of Admissions
Westchester Graduate Campus
Long Island University
735 Anderson Hill Road
Purchase, NY 10577-1402

RECOMMENDATION LETTER **(MUST BE A *PROFESSIONAL* REFERENCE)**

TO BE FILLED OUT BY APPLICANT - Please Print

Name: _____

Social Security #: _____

Program: _____

❑ I agree that this letter of recommendation should remain confidential and I knowingly and freely waive my right to view it.

❑ I do not agree.

SIGNATURE OF APPLICANT: _____ Date: _____

TO THE RECOMMENDER:

The person whose name appears above has applied to one of the programs at the Westchester Graduate Campus of Long Island University. The Admissions Committee would appreciate your candid appraisal of the applicant. If you wish to use a letter or different format for evaluation, please feel free to do so. Thank you.

How long have you known the applicant? _____ In what capacity? _____

How successful do you think the applicant will be in a graduate program? _____

We would appreciate your estimate of the applicant's aptitude for graduate study and promise of professional development, general character and stability. Comments regarding the applicant's oral and written communication skills, judgement and maturity, and sense of responsibility and commitment also would be most valuable.

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(over)

WESTCHESTER GRADUATE CAMPUS

LONG ISLAND UNIVERSITY

YOUR NAME: _____ SIGNATURE: _____

TITLE: _____ ORGANIZATION: _____

ADDRESS: _____