

GRADUATE STUDIES RECOMMENDATION FORM

To be completed by the applicant:

I am requesting that _____ (name of person providing reference) complete this recommendation form as part of my application for admission to a graduate program at the College of Staten Island. With respect to any rights that I may have regarding access to this recommendation form at a later due date, (check one):

- I waive my rights to have access to this recommendation form.
- I do not waive my rights to have access to this recommendation form.

Name of Applicant (PRINT)

Date

Telephone Number of Applicant

E-mail Address

Signature of Applicant

Graduate Program Desired

To be completed by the recommender: Please provide a written evaluation of the applicant for the Graduate Admission Committee. Your candid assessment of the applicant's potential for success both academically and professionally would be most helpful to the committee in its selection process. Please mail or e-mail (as an attachment) this form to the address listed above.

Recommender Signature

Date

Telephone Number

E-mail Address