

Submit to:
The College of New Rochelle
Office of Enrollment Management
29 Castle Place
New Rochelle, NY 10805

A letter of recommendation should be requested from a professional who is able to comment on your qualifications for graduate study and assess your performance in an academic or work setting.

Please complete the information requested in Section A, and then deliver this form to the recommender to complete Section B. Please provide the recommender a stamped envelope addressed to The College of New Rochelle at the above address.

Section A – To be completed by the Applicant

Name: _____
First Middle Last

Date of Birth: _____
Month Day Year

Program: Master's Certificate Diploma Workshop in _____

Term: Fall Spring Summer Other 20____

The Family Educational Rights and Privacy Act of 1974 entitles student records to be open for students' inspection. The law also permits a student to sign a waiver relinquishing his/her right to inspect letters of evaluation.

I hereby waive do not waive my right of access to this recommendation under the Family Educational Rights and Privacy Act of 1974.

Signature: _____ Date: _____

Section B – To be completed by the Recommender

The graduate admissions process requires the applicant to submit a letter(s) of recommendation. After completing this form, please sign it, place it in an envelope addressed to The College of New Rochelle's Office of Enrollment Management and seal the envelope. An admissions counselor will inform the applicant when the letter has been received. We appreciate your cooperation.

Name: _____
First Middle Last

Organization: _____

Title: _____

Address: _____
Street City State Zip

E-mail: _____ Phone: _____

How long have you known the applicant? _____

In what capacity? _____

Please provide your assessment of the applicant in comparison to his/her peers.

AREA OF EVALUATION	Excellent/ Outstanding	Above Average	Average/ Good	Below Average	Insufficient/ Not Satisfactory	N/A
Character & Motivation						
Ethical & Moral Qualities						
Leadership Traits						
Communication Abilities						
Professional Competence						
Intellectual Rigor						
Academic Performance						

Please provide your assessment of the applicant's ability to excel in his/her chosen field and to master advanced study in his/her chosen area. Please attach a document to this form, if necessary.

Is there any reason we should hesitate to admit the applicant? If so, please explain.

Signature: _____ Date: _____