



**The Division of Graduate Studies**

**Recommendation Form**

**To the applicant:**

This form should be given to an individual under who you have studied or worked and who is able to comment on your qualifications for graduate study. For the convenience of recommender, please fill in the information requested below by typing or printing. **Have each recommender return this form to you in your self-addressed enveloped. The recommender should seal the envelope and write his or her signature across the seal. Do not open the envelope.**

Last 4 digits of Social Security#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(MM/DD/YY)

First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Last name: \_\_\_\_\_

Term and year of expected enrollment: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Year \_\_\_\_\_

Program title: \_\_\_\_\_

Program code: \_\_\_\_\_

Name of recommender: \_\_\_\_\_

Under the provision of the United States Federal Educational Rights and Privacy Act,

\_\_\_\_\_ I have retained my right of access to this recommendation.

\_\_\_\_\_ I have waived my right of access to this recommendation.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**To the recommender:**

Please provide a narrative description of the applicant's qualifications for graduate study and attach it to this form. Include length of time and in what capacity you have known the applicant as well as your judgment of the applicant's outstanding talent and strength. Please be frank, too, about weaknesses in the applicant that could affect performance in graduate school. **Place the form and your recommendation letter in the envelope provided, seal it, sign your name across the seal, and return it to the applicant.**

How would you compare this student with recent graduates in his or her field?

\_\_\_\_\_ Highest level \_\_\_\_\_ Upper tenth \_\_\_\_\_ Upper third \_\_\_\_\_ Average \_\_\_\_\_ Below average

Recommender's Full Name: (print) \_\_\_\_\_

Recommender's Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip or postal code: \_\_\_\_\_

Please return this form and your recommendation letter to the student in the self-addressed envelope the student has provided. **Please seal the envelope and sign the envelope across the seal before returning it to the student.**

**Office of Admissions**

Brooklyn College of The City University of New York

2900 Bedford Avenue • Brooklyn, New York 11210-2889 • Telephone (718) 951-5001 • Fax (718) 951-4506