



To the Applicant:

Please complete *all* entries above the dotted line.

Print Full Name _____ S.S. # _____

Year and Semester of Expected Enrollment: Fall Spring Year _____

Program of Study _____ Program Code No. _____

Name of Recommender _____

I am aware of the rights afforded to me by the Federal Educational Rights and Privacy Act of 1974, as amended.

I hereby do do not waive my right to examine the contents of this reference. I understand that by waiving my right I do so under the condition that the reference is used solely for the purpose for which it is requested.

Date _____ Applicant's Signature _____

To the Recommender:

The student whose name appears above has applied for admission to a master's program at Queens College. This form is submitted to you for your evaluation of the applicant's qualifications both for graduate study and for a fellowship or an assistantship. Please tell us how long you have known the applicant and what you know about his/her academic ability, and include any other information that might make a difference concerning the student's application. (If you prefer not to use this form, please send your statement on official institutional letterhead.)

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

Upper Tenth Upper Third Average Below Average

Date _____ Recommender's Signature _____

Recommender's Name and Title (*please print*) _____

Institution _____

Address _____

Phone # _____ Fax _____ Email _____