



## Letter of Recommendation

Please return to:  
**Admissions Office**  
**Rockland Graduate Campus**  
**Long Island University**  
**70 Route 340**  
**Orangeburg, New York 10962-2219**

Please print clearly or type information.

**Part A:** *To be completed by Applicant*

**I HEREBY WAIVE MY RIGHT OF ACCESS TO INFORMATION RECORDED ON THIS FORM AND ANY SUPPLEMENTARY SHEETS ATTACHED TO IT.**

Applicant's Name: \_\_\_\_\_  
Last Name First Name Middle Name

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Program applying to: \_\_\_\_\_

Semester applying for:  Fall  Spring  Summer Year \_\_\_\_\_

**Part B:** *To be completed by Recommender*

Name: \_\_\_\_\_  
Last Name First Name Middle Name

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: \_\_\_\_\_

Please give a frank assessment of the applicant. The Admissions Office seeks your opinion regarding the applicant and your judgement regarding the candidate's ability to succeed in his/her chosen field and to master advanced study in this area. Please use the bottom portion of this page as well as the reverse side to write your narrative. Feel free to attach additional pages if necessary.

Narrative: