



NEW YORK INSTITUTE OF TECHNOLOGY

LETTER OF RECOMMENDATION

TO THE APPLICANT

After completing all the relevant questions below, give this form to the person who has agreed to write your letter of recommendation. Please also include a stamped and addressed envelope. All recommendations should be sent to New York Institute of Technology, Northern Boulevard, P.O. Box 8000, Old Westbury, NY 11568-8000

Legal name _____

*Last/Family (Enter name **exactly** as it appears on official documents.) First/Given Middle (complete) Jr., etc.*

Birthdate _____ Social Security # _____

mm/yyyy (Optional)

Address _____

Number and Street, Apartment #, City/Town, State/Province, Country, ZIP/Postal Code

School you now attend _____ CEEB/ACT code _____

IMPORTANT PRIVACY NOTICE: Under the terms of the Family Educational Rights and Privacy Act (FERPA), after you matriculate you will have access to this form and all other recommendations and supporting documents submitted by you and on your behalf after matriculating.

- I voluntarily waive my right of access, under the Family Rights and Privacy Act, to all Recommendations and any other materials that may be sent to New York Institute in connection with my application for admission.
- No, I do not waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to New York Institute of Technology.

Signature _____ Date _____

TO THE RECOMMENDER

New York Institute of Technology finds candid evaluations helpful in choosing from among highly qualified candidates. A photocopy of this reference form, or another reference you may have prepared on behalf of this student, is acceptable. Please return it to New York Institute of Technology, Northern Boulevard, P.O. Box 8000, Old Westbury, NY 11568-8000 in the envelope provided to you by this student. Please submit your references promptly. **Be sure to sign below.**

Recommender's Name and Title (Please print or type) _____

How long have you known this student and in what context? _____

School of other affiliation _____

Mailing Address _____

Number and Street, City/Town, State/Province, Country, ZIP/Postal Code

Phone (____) _____ E-mail _____

Area Code Number Ext.

Signature _____ Date _____

mm/dd/yyyy

Rate: How would you rate this student in terms of:

Quality	Excellent	Good	Average	Below Average	No Basis for Judgment
Academic Achievement					
Creative Thought					
Class Discussion					
Motivation					
Written Communications					
Verbal Communications					

Evaluation Please feel free to comment on what you think is important about this student, including a description of academic and personal characteristics, as demonstrated in your classroom. We welcome information that will help us to differentiate this student from others. (Feel free to attach an additional sheet or another reference you may have prepared on behalf of this student.)