

SCHOOL OF GRADUATE STUDIES

State University of New York Health Science Center at Brooklyn
450 Clarkson Avenue, Box 41, Brooklyn, NY 11203-2098

LETTER OF RECOMMENDATION

PLEASE TYPE OR PRINT LEGIBLY

Section 1 (TO BE COMPLETED BY THE APPLICANT)

For the class entering **YEAR** _____ Social Security Number: _____ - _____ - _____

Last Name: _____ **First Name:** _____ **Middle:** _____

Mailing Address: Street _____ **Apt. Number:** _____

City: _____ **State:** _____ **Zip Code:** _____ **Country(if not USA)** _____

In accordance with the provisions of the Family Education Rights to Privacy Act of 1974, [] I DO [] I DO NOT waive my right of access to review this letter of reference. (NOTE: If you check I DO, the recommendation will remain confidential; if you check I DO NOT, you may review the recommendation after you are matriculated student at SUNY HSCB.)

Applicant's Signature _____ **Date** _____

Section 2 (TO BE COMPLETED BY RECOMMENDER AND RETURNED TO ADDRESS LISTED ABOVE)

It is important that students whom we select can successfully meet the academic challenges of the graduate program and possess personal qualifications essential for professional performance. The applicant has selected you as someone who can provide us with such an appraisal. Therefore, we appreciate your candid evaluation of the applicant's qualifications. The pending application will be considered incomplete until your response is received. Thank you for your help in our application process.

How long and in what capacity have you known the applicant? _____

Does the scholastic record of the applicant reflect his/her abilities? (Explain) _____

What are the applicant's strengths and weaknesses? (If possible, please provide specific instances)
