

**TO THE APPLICANT**

Complete this portion of the form and give it to your recommender with a stamped envelope addressed to:  
**Office of Graduate Studies • 120 Bloomfield Avenue • Caldwell, New Jersey 07006**

**RIGHT TO ACCESS**

Public Law 93-380, Educational Amendments Act of 1974, grants students and graduates the right to access letters of recommendation. The opportunity to waive this right is also provided.

**Please check:**  I do  do not waive my right to review this recommendation.

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

Name of Applicant \_\_\_\_\_  
Last First Middle/Maiden

Graduate Program \_\_\_\_\_

Name of Person Writing Recommendation \_\_\_\_\_

**TO THE RECOMMENDER**

**Please return this form to the address indicated by the applicant.**

**LETTER OF RECOMMENDATION**

Your recommendation will be most helpful in distinguishing this applicant from others if your remarks go beyond general endorsement to comment specifically upon performance and potential for rigorous advanced degree work. Please focus upon intellectual potential, originality, motivation, written and verbal comprehension and expression, and judgment. Indicate how long and in what capacity you have known the applicant. **(Please use the reverse side of this form or attach a separate page to it.)**

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

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_