Graduate Admission Recommendation

To the Applicant:
Duplicate this form as need for each recommendation. Complete the top portion, and give to your recommender with a self-addressed, stamped envelope.

Right to Access: This letter of recommendation is confidential. Such letters are not accessible to applicants for admission. However, Public Law 93-380, Educational Amendments Act of 1974, grants enrolled students the right to inspect letters of recommendation. If the applicant does not waive his or her right to access and is admitted and enrolled, he or she will be able to access letters.

Please check:
☐ I waive my right to access this letter. ☐ I do not waive my right to access this letter.

Name of Applicant ___________________________ Last First MI

Program/Campus Applied to ___________________________

RUID (if known) ___________________________ Email ___________________________

To the Recommender:
Please return this form in a signed, sealed envelope to the applicant.

1. At what level would you place the applicant among the students you have known?
   Top 5% ______ Top 10% ______ Top 15% ______ Top Quarter ______ Second Quarter ______ Bottom Half ______

2. Your letter will be most helpful in distinguishing this applicant from others if your remarks go beyond general endorsement to comment specifically on academic performance and potential for rigorous advanced degree work. Please focus on originality, motivation, written and verbal comprehension and expression, and judgment. Indicate how long and in what capacity you have known the applicant.

3. Is there any reason we should hesitate to Admit this student? If so, please explain

_________________________________________________________________________________________

Signature ___________________________ Date ___________________________

Title _______ Last Name ___________________________ First Name ___________________________

Position ___________________________ Address ___________________________

Business Phone ___________________________ Email ___________________________

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