

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.	\Box 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 QuarterSecond QuarterBottom Hal

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		
TitleLast	Name	First Name		
Position		Address		
Business Phone		Email		
	Office	e of Graduate and Professional	Admissions	
Piscatawa fax 732	swick Rd, Annex I ıy, NJ 08854 2-932-8231 8-932-7711	Newark 190 University Avenue Englehard Hall, Room 101 Newark, NJ 07102-1896 fax 973-353-1440 phone 973-353-5205	Camden 406 Penn Street Camden, NJ 08102 fax 856-225-6498 phone 856-225-6104	